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ABSTRACT

The monograph contains a report on developments and trends in special education within the European community and a selection of the principal papers of a conference on special education in Europe. Chapter 1 contains results of a comparative study presented tabularly and narratively covering all handicaps in Belgium, Denmark, Germany, France, Ireland, Italy, Luxembourg, Netherlands, and the United Kingdom. Issues covered include administrative responsibility, private schools, financing, compulsory education laws, early childhood education, and integration of handicapped with nonhandicapped children. Nine trends in special education are identified in the brief second chapter. The third chapter provides a summary of special education for each nation and includes addresses of ministers and associations dealing with the handicapped. The questionnaire used in compiling the report is appended. The second section consists of the conference program, summaries of addresses, and summaries of the six discussion groups. A synthesis report notes differences in methods of achieving the goal of integration of the handicapped. (DB)

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Special education in the European Community

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COMMISSION OF THE EUROPEAN COMMUNITIES

Special education in the European Community

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FOREWORD

This publication brings together two main elements. The first consists of a report on Developments and Trends in Special Education within the European Community, prepared on behalf of the Commission by Mr Skov Jørgensen, Head of the Special Education Department of the Danish Ministry of Education. The second consists of a selection of the principal papers of a Conference on the Special Education of handicapped children in the European Community, organized in Rome by the European Commission in cooperation with the Italian Ministry of Education in December 1978.

In the summer of 1978 the first step in the Community's action in favour of the education of handicapped children was nearing completion - Mr Jørgensen's important report was finished and was already being translated into all the Community languages.

It was therefore opportune that at this moment Senator Pedini, the then Italian Minister of Education, approached the Commission with the suggestion of a European Conference on Special Education to be organized jointly between the Commission and the Italian Ministry and to take place in Rome before the end of that year. I welcomed the proposal, knowing that the Jørgensen report would be available as a sound basis to the work of the Conference.

The work which the Commission is now beginning to undertake on behalf of handicapped children as a result of these initiatives is an integral part of a general strategy to improve equality of opportunity within the educational systems - a goal to which the Council and Ministers of Education committed themselves in the Resolution which they adopted on 9 February 1976.

I am confident that the time is ripe for activity at Community level in this field. The integration of handicapped children into the normal school systems is a challenge which is being faced in all our Member States, and an issue where the greatest possible benefit would result from exchange of experience at European level. Research and development concerning the technological aids to the learning and socialization of handicapped children would also be a fruitful area for European activity.

Mr. Jørgensen's study has provided a solid scientific base to our work, and the Rome Conference has added a political dimension and brought it before the notice of the public. The Commission is already well ahead with its follow-up and will be in a position to put forward concrete proposals for a Community action in this field in the near future.

Guido Brunner
Member of the Commission
of the European Communities

June 1979

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Part I

SPECIAL EDUCATION IN THE EUROPEAN COMMUNITY

Report prepared for the Commission
by Mr Skov Jørgensen

PREFACE

The publication of the report on special education in the European Community offers me an opportunity to thank the many individuals who contributed with information and proposals.

I found the exchange of viewpoints and experience - which differences in tradition, legislation, administration, and terminology give rise to - to be valuable.

Both the replies to the questionnaire and the collation of the data had been much easier if the questionnaire had been simplified, but the wish to describe common activities had to make the first investigation comparatively detailed.

The material could not be used for an assessment of the special educational measures in the different countries, but only give information about them. This information is only meaningful in the light of the other cultural and educational conditions in the country in question.

All nine countries endeavour to offer qualified education to the handicapped. A cooperation between the countries - starting with informal contact between officials responsible for the special educational development - can increase the possibilities of this.

The personal contact we have already had, and which I hope will be maintained, is perhaps the most important result of the report.

I. Skov Jørgensen

INTRODUCTION

The following review of special-teaching arrangements for handicapped children in European Community Member States has been prepared on the basis of information from the Ministries of Education of the countries concerned.

The following specialists have cooperated:

Belgium: (French)	Vienne, Ministry of Education, Special Education Section. rue Royale 90, 4th Floor, 1000 Brussels. Tel: 65/64 15 91.
Belgium: (Flemish)	De Vos, Inspector for Special Education. Eeuwfeestlaan 141, 2500 Lier. Tel: 31/80 47 78. Centre Administratif, 3rd Floor, Arcades, 1010 Brussels. Tel: 2/564 82 11.
Federal Republic of Germany:	(North-Rhine Westphalia and harmonization for the Federal Republic of Germany) Friedrich-Carl Christen, Kultusministerium des Landes Nordrhein-Westfalen, Voelklinger Straße 49, Zimmer 602, 4000 Düsseldorf. Tel: 211/303 54 22.
Bavaria:	Köppel, Ministerialrat, Bayerisches Staatsministerium für Unterricht und Kultus, Salvatorstraße 2, 8000 Munich. Tel: 089/21 86/533.
Berlin:	Richter, Oberschulrat, Bredtschneiderstraße 5, 1000 Berlin 19. Tel: 030/303 23 78.
Bremen:	Heinz Riek, Oberschulrat, Senator für Bildung. Rembertiring 8-12, 2800 Bremen. Tel: 361/27 93.
Hamburg:	Von Melle, Freie und Hansestadt Hamburg. Behörde für Schule, Jugend und Berufsbildung, Amt für Schule, Hamburger Straße 31, 2000 Hamburg 76. Tel: 391/88 33 05.
Hesse:	Heide, Regierungsdirektor, Hessisches Kultusministerium, Luisenplatz 10, Postfach 3160, 6200 Wiesbaden. Tel: 36 86 88.
Lower Saxony:	Thies, Ministerialrat. Der Niedersächsische Kultusminister, Schiffgraben 12, 3000 Hanover. Tel: 0511/190 85 01.
Rheinland-Pfalz:	Kurt Ruf, Ministerialrat, 65 Mainz, Mittlere Bleiche 61. Tel: 06131/16 29 43.
Saarland:	Orth, Regierungsschuldirektor, Ministerium für Kultur, Bildung und Sport. Saaruferstraße 32, 6600 Saarbrücken. Tel: 0681/50 32 05.

Schleswig-Holstein: H. Mohr, Regierungsschuldirektor, Kultusministerium, 2300 Kiel. Tel: 0431/596 26 32.

France: M. Labregere, Chargé de Mission pour l'éducation spécialisée à la Direction des Ecoles, Ministère de l'Education, 110 Rue de Grenelle, 75357 Paris. Tel: 1/555 97 50, ext. 3709.

Italy: Prof. ssa Teresa Serra, c/o Associazione Spastici, via Cipro 4h, Roma.

Ireland: Patrick Matthews, Principal Officer, Ministry of Education, Special Education Section, Marlborough Street, Dublin 1. Tel: 1/744 039.

Luxembourg: Roger Linster, Director, Ministry of Education, Special Education Section, 6, Boulevard Royal. Tel: 352/47 85 88.

Netherlands: Mrs Molenaar, Ministry of Education, Directie Vernieuwingsprojecten Basisonderwijs (direction innovation projects in primary education). Nieuwe Uitleg 1, Den Haag. Tel: 070/46 97 60.

T. Tj. Attema, Ministry of Education, Directie Speciaal Onderwijs (direction special education), Nieuwe Uitleg 1, Den Haag. Tel: 070/74 24 11.

England and Wales: (coordinating for the UK).

V.H. Stevens, Head of Division C, Department of Education and Science, Elizabeth House, York Road, London SE1 7PH. Room No 4/86. Tel: 01 928 9222, ext. 2604.

Northern Ireland: D. Davidson, Deputy Principal, Department of Education for Northern Ireland, Rathgael House, Balloo Road, Bangor, Co. Down, Northern Ireland BT19 2PR. Tel: Bangor (Co. Down) 66 311, ext. 331.

Scotland: B. J. Fiddes, Scottish Education Department. New St. Andrew's House, Edinburgh EH1 3SY, Scotland. Tel: 031 556 8400, ext. 5408.

Consultants Erik Jepsen and Inga Nilsson of the Ministry of Education, Inspectorate for Special Education, Vester Voldgade 117, Dk-1552 Copenhagen V, Denmark, have given valuable assistance during the preparation of the report.

Consultations with P. E. Daunt, Directorate of Research, Science and Education of the EEC Commission, have been of importance in preparation of the report.

In addition there are translations into the official languages of the European Communities. Many have contributed to the result.

Belgium, the Federal Republic of Germany and the United Kingdom have more than one central administration for education.

Belgium has separate Ministries of Education for the Flemish and French language areas. In the Federal Republic of Germany responsibility for education is shared between the Federal Government and the Länder. As far as schools are concerned the Länder are basically responsible. Under Article 91(b) of the Basic Law the two have joint responsibility for educational planning. In addition the Federal Government determines teachers' salaries and is responsible for the vocational training of handicapped persons outside the schools. The *Länder* are autonomous in educational matters.

The United Kingdom is divided into four countries - England, Scotland, Northern Ireland and Wales - each with its own Ministry of Education, but the provision of education is by law the responsibility of local education authorities (LEAs) at county, regional or district level. In this report matters concerning England and Wales will be dealt with together, with separate paragraphs for Scotland and Northern Ireland, save where such matters are common to all four countries and a single reference to the United Kingdom will suffice.

In addition, many countries often have, for historic reasons, a distribution of duties between several ministries in the field of education of the handicapped, and a sometimes far-reaching division of responsibility between private and public authorities.

A trend is detectable towards locating responsibility for the education and training of the handicapped within the education sector. Legislation to this end is most consistent in the United Kingdom, but Denmark is also preparing to transfer complete responsibility to the Ministry of Education from 1 January 1980.

In Chapter 3 (page 115, a few characteristic features of historical development, the present position and plans for the education of handicapped children in the nine countries have been summarized from the replies received (see questionnaire on page 111). Some important laws and regulations are mentioned, and a few addresses are provided as an initial introduction to contact between authorities, institutions and organizations.

Chapter 1 contains a comparative survey, with comments, of the information received on measures in the field of special education in the EC. Consequently, some of the information given here will be omitted in Section 3.

Chapter 2 concerns the discussions and proposals associated with the material collected.

This Chapter is intended to serve as a starting point for an exchange of views on, among other subjects, objectives and methods of special education. The stage is being set for European cooperation in a field in which the individual country's population base and resources are often insufficient. An exchange of views and experience will be of practical value technically, methodologically and from the aspect of school policy.

Chapter 1

COMPARATIVE STUDY

TERMINOLOGY

The following description of groups of handicapped has been employed as a basis in this report:

1. Children are referred to as severely backward (mentally impaired, deficient, retarded, handicapped, sub-normal) who cannot be expected fully to meet society's requirements as concerns education and social and financial independence.

2. Children are referred to as backward (slow learners) who are so backward in their development because of general functional handicaps that they cannot follow the instruction in an ordinary class.

3. Pupils with behavioural problems and psychiatric complaints (maladjusted, psychotic) have had their emotional and social development so injured or threatened that they cannot with reasonable benefit follow instruction in an ordinary class.

4. Children are referred to as having a speech defect if their speech or language is so impeded by faults in or diseases of the speech organs or disturbances of the central nervous system that it affects learning and communication.

5. Children are referred to as deaf who are without hearing, or whose hearing is so greatly reduced that it cannot be used for communication even by using a hearing aid. Educationally, a distinction is made between those born deaf and those who became deaf after having learnt to speak before hearing was lost.

6. Children are referred to as having partial hearing whose hearing is so greatly reduced that, even by using a hearing aid, instruction can be given only by means of special teaching aids and methods.

7. Children are referred to as blind who have no vision or whose vision is so greatly reduced that it cannot be employed in instruction (braille readers).

8. Children are referred to as partially sighted whose vision is so weakened that instruction, even after correction with spectacles, can be given only by means of special teaching aids and methods (black script readers).

9. Pupils are referred to as motor handicapped who are impeded by artificial limbs, paralysis, epilepsy, dyspraxia, myasthenia and deformities, or are otherwise impeded in movement to such a degree that, without special arrangements, they cannot be educated with others.

10. Specific learning difficulties arise where because of reading-spelling-retardation (word-blindness, dyslexia, dyscalculism, dysgraphy, retarded perception or environmentally-conditioned difficulties) children will not benefit sufficiently from ordinary instruction.

11. Sick children are those who because of medical treatment or convalenscence are prevented from following ordinary education.

The above attempt to set out common special-teaching terms is based upon a Nordic analysis and discussions within Unesco.

No proposed changes have been submitted. Countries refer to their own categories in the education of the handicapped.

Belgium does not distinguish statistically between (1) blind and partially sighted or between (2) deaf and those with defective hearing.

Belgium follows the classification of the WHO Educable mentally retarded are divided between 'severely and moderate mentally retarded' who are educated in one type of special school, and 'slight mentally retarded' who are directed to another type of special school. This category of slight mentally retarded (I.Q. between ± 50 and ± 70) could best be compared with the category of 'slow learners' or 'Lernbehinderte' in the report. However, they do not include the 'pedagogical backward children'. In other words the so-called 'borderline mentally handicapped' (often referred to as 'backward children' and 'slow learners'; in Dutch: 'achterblijvers', 'zwakbegaafden' or 'traaglerenden') are under the law of 6 July 1970 expected to remain in the ordinary schools.

'Specific learning difficulties' is not employed as a reference to an area of special education. Pupils with specific learning difficulties - following the proposed terminology - are mainly recorded as speech and language handicapped. In the United Kingdom, children with 'specific learning difficulties' are those who have difficulty with reading, writing and spelling; the term is analogous to, but not synonymous in educational terms with, dyslexia and children so afflicted may or may not be ascertainable as suffering from one of the statutory categories of handicap as well. Analogously, in the Federal Republic of Germany there is a substantial merging of specific learning difficulties and the difficulties encountered by those whose reading is retarded (legastenics). Several German Länder provide three hours a week per class for unspecified assistance for this group, who are not therefore included in the statistics.

In Belgium, 'sick children' are pupils with a chronic illness or pupils hospitalized for long periods.

The following survey is an attempt to collate the categorizations employed. The Netherlands, Ireland and Luxembourg have employed the English terms in correspondence:

Comments

Distrust of an attempt to categorize handicapped schoolchildren should not make us disregard special-teaching terms and definitions. In order to be able to work on the problems, to communicate with others and to cooperate, it is necessary that we express ourselves as unambiguously as possible.

Special education is concerned with such numerous combinations of handicaps and hypotheses that it would be an advantage if all countries could make use of common research and training resources in this field. As a first step, it would be useful to approximate and to adapt the specialteaching terminology of all countries, preferably relating to need rather than categorization.

STATISTICS

The following statistical information does not provide a basis of comparison, because the form of registration and the statistical base material differ too greatly from country to country.

In several countries, administration, finance and recording are so closely bound to the local school system, and sometimes to other areas of actitity, that it is difficult to separate specific information from the general statistics. The problems are least where the handicapped are educated in special schools under the State. But even here the information provides only a partial analysis of the need and of the actual activity.

The education of children with speech defects may be mentioned as an example of a source of errors. Logopaedics and audiopaedics are recorded outside the educational sector in some countries, and in that event are not, or are only partly, included in education statistics.

The information gives cause for consideration and discussion in all respects:

Comments

If it is carefully employed, this statistical material can provide interesting information.

It also raises the question of what information is of common interest and how the material can be rendered unambiguous and comparable.

Special educational arrangements are basic to social and occupational rehabilitation. For this reason, special education and psycho-educational guidance fall readily into the EC's efforts towards harmonization, notwithstanding that education is not generally a Community concern.

Categories of handicap

	Danish	Belgian: French, Dutch	English
1.	Saelig svagtbegavede	Arriération mentale sévère et modérée Ernstig en matig mentaal gehandicapten	Severely educationally subnormal (ESNs)
2.	Svagt begavede	Arriération mentale légère Licht mentaal gehandicapten	(a) Moderately ESN (b) Slow learners
3.	Adfaerdsvanskelige	Troubles caractériels Karakteriële stoornissen	Maladjusted children
4.	Tale-haemmede	Troubles dans le développement du langage et de la parole Stoornissen van de taal - en spraakontwikkeling	Autistic children
5.	Døve	Enfants sourds Dove kinderen	Deaf children
6.	Hørehaemmede	Enfants hypoacoustiques Slechthorende kinderen	Partially hearing children
7.	Blinde	Enfants aveugles Blinde kinderen	Blind children
8.	Svagtseende	Enfants amblyopes Slechtziende kinderen	Partially sighted children
9.	Motorisk haemmede	Enfants handicapés physiques (autres que les enfants malades, ou handicapés visuels et auditifs) Fysisch gehandicapte kinderen (andere dan zieke kinderen of visueel en auditief gehandicapten)	Physically handicapped children

French	Italian	German
Déficients intellectuels: arrières profonds QI 0-30 déf. intell. profonds QI 30-50 déf. intell. moyens QI 50-65	Bambini mentalemente ritardati	Geistigbehinderte
Déficients intellectuels légers QI 65-80	Bambini ritardati	Lernbehinderte
Enfants souffrant de troubles du comportement	Bambini disadattati	Verhaltensbehinderte
Enfants souffrant de troubles du langage	Bambini con difetti di linguaggio	Sprachbehinderte
Sourds	Bambini sordi	Gehörlose
Malentendants	Bambini sordastri	Schwerhörige
Aveugles	Bambini ciechi	Blinde
Amblyopes	Bambini semi-ciechi	Sehbehinderte
Handicapés moteurs	Bambini con deficienze psicomotorie	Körperbehinderte

	Danish	Belgian: French, Dutch	English
10.	Elever med specifikke indlaeringsvanskeligheder	Enfants atteints de troubles instrumentaux Kinderen met ernstige leerstoornissen	
11.	Syge	Enfants malades (chroniques et hospitalisés Zieke kinderen (chronische en gehospitaliseerd)	(a) Delicate children (b) Epileptic
12.	Multihandicappede		

Some consideration should also be given to the fact that EEC Member States have a clear need for mutual information and for an exchange of knowledge in an area where the minority aspect gives the individual country too restricted a population basis for rational action. What, for example, are we doing for our blind-deaf children? In this field, what technological research and development, methods and teacher training are being explored, and where can information be obtained.

Simplified and common statistics, with the addition of the individual country's annual reports on education of the handicapped, would be most valuable information, particularly for the government departments concerned with special education. An exchange of information would perhaps lead to further contacts.

ADMINISTRATIVE RESPONSIBILITY

Advisory and decision-making bodies within the public sector

The parents of handicapped children are everywhere in a strong position as concerns decisions to change their children's schooling. In some countries, they have a right of veto on questions of special education.

In some respects the question arises of a proper balance between parents' right to decide on behalf of the child and the child's right to a meaningful education.

Where there is neglect, for example in relation to the blind, the deaf and the severely mentally retarded, arrangements against the wishes of the parents may not arise until compulsory school age.

French	Italian	German
Enfants souffrant de troubles électifs d'apprentissage	Bambini con scolarità particolarmente difficile	Kinder mit Schwierigkeiten beim Lesen und Rechtschreiben
Handicapés physiques (pour délicats)	Bambini gracili	Kranke
Enfants souffrant de handicap-associés		Mehrfachbehinderte

In Belgium, an inter-disciplinary consultation committee, as working in all PMS-centres (Psycho-medico-social), gives an opinion on each recommendation for special education and delivers a 'certificate'. Without this certificate a child cannot be admitted to a special school.

For the sick children (Table 11) and the visually (Tables 7 and 8) and auditory (Tables 5 and 6) handicapped, decisions are taken on the basis of a specialist's report.

It is necessary to consult a psycho-medico-social centre or other agreed centre in connection with the recommendation of a pupil for special education.

Under the legislation handicapped children have a right to receive special education. The approval of the parents is necessary. If the parents object, an advisory committee for special education (ACSE) instaured by the law decides in the matter. If the parents do not agree with the final recommendation of the ACSE the case is forwarded to the juvenile judge who takes a decision.

As concerns the Dutch-speaking area, approval of the parents is necessary. If the parents object, the advisory committee decides in the matter; the decision is forwarded to the juvenils court for approval under the law.

In Denmark, the decision on special education is taken by the school's teachers' council, following consultation with pupil and parents. The school board, elected by the parents of pupils in the school concerned, takes the final decision in the event of doubt.

The psycho-educational investigation includes - according to the situation - medical, social, educational and psychological investigations.

Importance is given to the wishes of pupil and parents, including consideration of the form of special education, but it is the duty of the school to offer meaningful education - also for the handicapped.

Table 1

Mentally retarded[a]

Number of pupils

Country		Special schools		Special classes in ordinary schools		Supplementary education		Total number of pupils
		boys	girls	boys	girls	boys	girls	
Belgium[d] Dutch	State	4 039						
	local	5 283						
	private	19 430						28 752
French	State	6 325						
	local	3 244						
	private	9 559						19 128
Denmark	State	5 075						
	private	31						5 106
Federal Republic of Germany								
Bavaria	State	23 043	15 287					38 300
	local	59	25	Includes slow learners group				84
	private	5 934	3 896					9 830
Berlin	State	463	335					
	private	4	4					806
Bremen		204	134					338
Hamburg								
Hesse[a]		1 815	1 330	7				3 152
Lower Saxony	State	1 381	897					2 278
	private	395	133					528

North-Rhine-Westphalia	State	9 408						
	private	2 483						11 891
Rheinland-Pfalz		1 795	1 142					2 937
Saarland	slow learners	445	277					722
Schleswig Holstein		1 600						1 600
France[d]	State	12 000	8 000	120 000[c]	85 000			225 000
	local	18 000	6 000					24 000
	private	35 000	20 000	3 000	2 000			60 000
Ireland		1 012	1 033	16	11			2 072
Italy								
Luxembourg	local	120	80					
	private	34	40					274
Netherlands[b]		Answered as percentage distribution						7 754
United Kingdom								
England/Wales	State	18 277	13 160	394	264	697	518	33 310
Northern Ireland		1 003	547	208				1 550
Scotland (1974)	local	5 837	4 259	1 572	1 129	195	151	13 143
	private	92	46	28	21			187

[a] Hesse: 'Suitable for practical training'.

[b] Netherlands: 728 pupils in observation schools moved to other special schools.

[c] Includes slow children not kept in ordinary classes.

[d] About a quarter of the numbers recorded are 'severely and moderate mentally retarded pupils', the others are 'slightly mentally retarded'.

Table 2

Slow learners[1]

Number of pupils

Country		Special schools		Special classes in ordinary schools		Supplementary education		Total number of pupils
		boys	girls	boys	girls	boys	girls	
Belgium Dutch		This category not recorded (numbers included in table 1)						
French		This category not recorded						
Denmark		1 700		9 279		1 047 Remedial education		12 026
Federal Republic of Germany								
Bavaria		40 220						40 220
Baden-Württemberg		48 164						48 164
Berlin	State	4 730	3 303					
	private	53	42					8 128
Bremen		1 770	1 331					3 101
Hamburg		5 816						5 816
Hesse[1]		13 323	8 996	525				22 844
Lower Saxony	State	24 431	16 259	106	40			40 836
	private	99	43					142
North-Rhine-Westph.	State) local)	94 471						
	private	466						94 937

Rheinland-Pfalz		8 624	15 978					24 602
Saarland		3 140	2 356					5 496
Schleswig Holstein		18 000						18 000
France		Group integrated into ordinary school classes						
Ireland[2]		1 937	1 461	1 094	1 110			5 602
Italy								
Luxembourg	State			9	1			
	local			700	400			
	private			34	40			1 184
Netherlands		Answered as percentage distribution						34 419
United Kingdom								
England and Wales	State	844	505	FT 6 754	3 841			
	local	37 659	23 938	PT 338	184	187	119	
	private	377	139					74 595
Northern Ireland		This category not recorded						
Scotland	local	4 142	2 940			165	157	7 404
	private	107	57					164

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[1] Hesse: 'Suitable for practical training'.

[2] Ireland: about 17 000 pupils receive supportive instruction in groups.

Table 3

Socially and emotionally handicapped

Number of pupils

Country		Special schools		Special classes in ordinary schools		Supplementary education		Total number of pupils
		boys	girls	boys	girls	boys	girls	
Belgium								
Dutch	State	62						
	local	124						
	private	1 158						1 344
French	State	168						
	local	407						
	private	2 194						2 769
Denmark	local	488		56				
	private	34						578
Federal Republic of Germany								
Bavaria	State	123						123
	private	823	524					1 347
Berlin	State	252	156					
	private	79	42					529
Bremen		101	14					115
Hamburg								12 858
Hesse		750	185					935

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Lower Saxony	State	243	39	35	4			321
	private	906	339					1 245
North-Rhine-Westphalia	State) local)	2 091						
	private	1 853						3 944
Rheinland-Pfalz		309	72					381
Saarland		92	82					174
Schleswig Holstein		400						400
France	State	5 600	2 055	6 407	2 251			16 313
	private	23 000	20 000	370	278			43 648
Ireland		263	89					352
Italy								
Luxembourg	State	20	20					
	local	3	3					46
Netherlands		Answered as percentage distribution						3 865
United Kingdom								
England and Wales	State	931	229					
	local	6 412	1 792	FT 1 111	332	1 965	958	
	private	3 330	681	PT 72	24			17 837
Northern Ireland		50	5					55
Scotland	State	127	26					153
	local	438	126			28	13	605
	private	123	41					164

Table 4

Language retarded

Number of pupils

Country		Special schools		Special classes in ordinary schools		Supplementary education		Total number of pupils
		boys	girls	boys	girls	boys	girls	
Belgium								
Dutch	State	256						
	local	161						
	private	2 400						2 817
French	State	1 189						
	local	3 528						
	private	1 731						6 448
Denmark	State	76 (incl. reading)						
	local			505		ca. 12 000		
	Copenhagen	52						12 633
Federal Republic of Germany								
Bavaria	State	743	254					997
	local	141	36					177
	private	151	50	Speech impaired + defective hearing				201
Baden-Württemberg		1 598						1 598
Berlin		817	344					1 181
Bremen		291	94	36	21			442
Hamburg		1 038						1 038
Hesse		864	307					1 171
Lower Saxony	State	374	125	117	43			659
	private	56						56
North-Rhine-Westphalia		1 356						1 356
Rheinland-Pfalz		116	40					156
Saarland		39	5					44
Schleswig Holstein		800						800
France		Group integrated in ordinary school classes						
Ireland								
Italy								
Luxembourg		110	40					150
Netherlands		Answered as percentage distribution						211
United Kingdom								
England and Wales	State	136	39					
	local	719	431	FT 382 PT 5	139	45	9	
	private	25	9					1 939
Northern Ireland		21	12					33
Scotland	local	37	11					48
	private	8	2					10

Table 5

Deaf

Number of pupils

Country		Special schools		Special classes in ordinary schools		Supplementary education		Total number of pupils
		boys	girls	boys	girls	boys	girls	
Belgium								
Dutch		Deaf registered as defective hearing						
French		Deaf registered as defective hearing						
Denmark		402						402
Federal Republic of Germany								
Bavaria	local	287	244					531
	private	213	156					369
Berlin		41	47					88
Bremen		65	66					131
Hamburg								
Hesse		238	152					390
Lower Saxony	State	422	332					754
	private	52	31					83
North-Rhine-Westphalia		1 776						1 776
Rheinland Pfalz		366	285					651
Saarland		37	38					75
Schleswig Holstein		125						125
France	State	1 500		96		not recorded		1 596
	local	1 000						1 000
	private	4 050						4 050
Ireland		Deaf registered as defective hearing						
Italy								1 433
Luxembourg		19	1					20
Netherlands		Answered as percentage distribution						
United Kingdom								
England and Wales	State	839	652	FT 117	119			
	local	1 134	882	PT 13	22	31	24	
	private	185	119					4 137
Northern Ireland		33	27					60
Scotland	State	63	41			3		107
	local	154	134			3	4	295
	private	3	5					8

Table 6

Hearing handicapped

Number of pupils

Country		Special schools		Special classes in ordinary schools		Supplementary education		Total number of pupils
		boys	girls	boys	girls	boys	girls	
Belgium								
Dutch	local	29						
	private	585						614
French	local	270						
	private	428						698
Denmark		71		262		2 412		2 745
Federal Republic of Germany								
Bavaria	State	78	59					
	local	221	146					
	private	47	40					591
Berlin		142	118					260
Bremen		92	60					152
Hamburg								
Hesse		181	125					306
Lower Saxony		93	72					165
North-Rhine-Westphalia		1 458						1 458
Rheinland-Pfalz		368	283					651
Saarland		39	28					67
Schleswig Holstein		300						300
France	State	320		519		not recorded		839
	local	120		210				330
	private	645		22				667
Ireland		412	377	8	6			803
Italy								
Luxembourg						3 000 slight cases		3 000
Netherlands		Answered as percentage distribution						3 040
United Kingdom								
England and Wales	State	329	265	FT 1 211	1 026			
	local	922	722	PT 377	337	36	40	
	private	46	52					5 368
Northern Ireland		47	18	234				299
Scotland	State	4	2					6
	local	194	141			5	6	346
	private	2	2					4

Table 7

BLIND

Number of pupils

Country		Special schools		Special classes in ordinary schools		Supplementary education		Total number of pupils
		boys	girls	boys	girls	boys	girls	
Belgium								
Dutch		Registered as defective sight						
French		Registered as defective sight						
Denmark		109				50		159
Federal Republic of Germany								
Bavaria		140	136					276
Berlin		25	19					44
Bremen								
Hamburg								
Hesse		53	55					108
Lower Saxony	State	77	51					128
		Deaf/Blind						
	private	34	29					63
North-Rhine-Westphalia		427						427
Rheinland Pfalz		91	65					156
Saarland		28	25					53
Schleswig Holstein		No school						
France	State	250		78		not recorded		328
	local	200						200
	private	922						922
Ireland		16	33					49
Italy								
Luxembourg		10	7					17
Netherlands		Answered as percentage distribution						571
United Kingdom								
England and Wales	State	438	381	FT 3				
	local	173	144	PT 1		8	11	
	private	9						1 174
Northern Ireland		13	6					19
Scotland	State	54	28			16	9	107
	local	17	10			1	2	30
	private							

Table 8

Visually handicapped

Number of pupils

Country		Special schools		Special classes in ordinary schools		Supplementary education		Total number of pupils
		boys	girls	boys	girls	boys	girls	
Belgium								
Dutch	local	41						
	private	189						230
French	local	197						
	private	130						327
Denmark		36		11		541		588
Federal Republic of Germany								
Bavaria	private	165	97					262
Berlin		65	46					111
Bremen		48	26					74
Hamburg								
Hesse		52	47					99
Lower Saxony		53	44					97
North-Rhine-Westphalia		1 034						1 034
Rheinland-Pfalz		91	65					156
Saarland		53	19					72
Schleswig Holstein		No school						
France	State	559		1 719		not recorded		2 278
	local	445						445
	private	1 200		8				1 208
Ireland		58	40					98
Italy								
Luxembourg						50 slight cases		50
Netherlands		Answered as percentage distribution						579
United Kingdom								
England and Wales	State	291	189	FT 102	53			
	local	931	623	PT 2	2	5	11	
	private	7	10					2 226
Northern Ireland		54	27					81
Scotland	local	128	76			10	8	222

Table 9

Motor handicapped

Number of pupils

Country		Special schools		Special classes in ordinary schools		Supplementary education		Total number of pupils
		boys	girls	boys	girls	boys	girls	
Belgium Dutch								
French	State	376						
	local	387						
	private	374						1 137
Denmark	local	76		214				
	private	106						396
Federal Republic of Germany								
Bavaria	State	91	76					167
	private	546	434					980
Baden-Württemberg		1 602						1 602
Berlin		259	198					457
Bremen		121	75					196
Hamburg		535						535
Hesse		266	241					507
Lower Saxony	State	226	175					401
	private	181	149					330
North-Rhine-Westphalia	local	3 739						
	private	369						4 108
Rheinland-Pfalz		569	379					948
Saarland		129	56					185
Schleswig Holstein		224						224
France	State	2 800		2 745				5 545
	local	6 461						6 461
	private	4 506		54				4 560
Ireland		206	139			34	14	393
Italy								
Luxembourg		5	8			Exist, but number not provided		13
Netherlands		Answered as percentage distribution						3 719
United Kingdom								
England and Wales	State	1 013	795	FT 211	130			
	local	6 344	4 642	PT 22	8	719	571	
	private	435	314					15 204
Northern Ireland		169	122					290
Scotland[1]	State	136	74			9	2	221
	local	488	354			37	14	993
	private	72	44					116

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[1] Scotland, physically handicapped.

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Table 10

Specific learning difficulties

Number of pupils

Country		Special schools		Special classes in ordinary schools		Supplementary education		Total number of pupils
		boys	girls	boys	girls	boys	girls	
Belgium Dutch		This category not registered						
French		This category not registered						
Denmark	State	79						
	local	72		2 416		17 302		
	private					2 250		22 125
Federal Republic of Germany								
Bavaria	State	123						123
	private	823	524					1 347
Berlin								
Bremen								
Hamburg								
Hesse		This category not separately registered						
Lower Saxony	State	37	27					64
	private	59	26					85
North-Rhine-Westphalia		18 401						18 401

Rheinland-Pfalz	This category not separately registered			
Saarland[1]	97	27		124
Schleswig Holstein			Exist, but number not provided	
France	Integrated now into ordinary school classes or they benefit from psycho-pedagocial aid			
Ireland	31			31
Italy				
Luxembourg			1 000	1 000
Netherlands	Answered as percentage distribution			27 096
United Kingdom				
England and Wales	This category not registered			
Northern Ireland	This category not registered			
Scotland	This category not registered			

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[1] Saarland: difficult to educate and environmentally endangered.

Table 11

Sick

Number of pupils

Country		Special schools		Special classes in ordinary schools		Supplementary education		Total number of pupils
		boys	girls	boys	girls	boys	girls	
Belgium Dutch								
French	local	318						
	private	393						711
Denmark	local					4 984		
	private	42						5 026
Federal Republic of Germany								
Bavaria								
Berlin		94	68					162
Bremen								
Hamburg						Exist, but number not provided		
Hesse		272	222					494
Lower Saxony		10	10					20
North-Rhine-Westphalia	local	1 581						
	private	801						2 382

Rheinland-Pfalz Saarland Schleswig Holstein		Receive individual or group education About 100 receive sickness education at home and in hospital						
France	State	3 896		810				4 706
	local	6 592						6 592
	private	9 592		22				9 614
Ireland		188	136					324
Italy								
Luxembourg		18	8					26
Netherlands		Answered as percentage distribution						2 994
United Kingdom								
England and Wales[1]	State	335	145	FT 94	50			
	local	3 083	1 819	PT 4		214	312	
	private	115	70					6 241
Northern Ireland		73	54					127
Scotland[2]	local	33	24					57
	private	15	4					19

[1] In England and Wales, 1 382 pupils are also registered as epileptics.

[2] Scotland; epileptic children.

Several Länder in the Federal Republic of Germany use investigation teams consisting of a doctor, a psychologist, special teachers and perhaps other experts. The parents must be given a hearing. They have the right to a say in the matter.

Some Länder employ school-psychological consultants who, in cooperation with the health service, parents and special teachers, submit proposals for socio-teaching arrangements.

Decisions are taken by the school authority, the submitting head of school being included in the decision-making.

In France, responsibility for special education is with regional commissions through departmental commissions, each department accountable for 500 000 inhabitants. The committee may delegate its authority to committees for smaller areas of, for example, 50 000 inhabitants.

The Commission includes representatives of the Ministry of Health, the Ministry of Education, social organizations (Caisses de Sécurité Sociale), parents' associations, associations for the disabled, and ordinary and special education teachers.

Each case is investigated by a group of experts (doctor, psychologist, social adviser and others). Decisions are taken in consultation with parents, and as far as possible in accordance with the wishes of the pupil.

These special education commissions work under an ordinance that came into effect in 1976. They discuss where to send the pupil with a view to his special education, and the financial support the parents can expect in this situation. If parents object to the decision, they can appeal to the local committee, the regional commission or an administrative court. If the decision is still opposed by the parents and they will not accept that the child should be transferred for special education, the Commission can arrange for the matter to be decided judicially.

Ireland practises both locally and centrally formalized cooperation between education authorities and health authorities in investigating special education matters. Monthly meetings are normally held to discuss specific cases. Arrangements at nursery-school age are the responsibility of the health authorities. Much importance is given to parents' wishes when selecting the type of education; however, it is sought to decide placement on the basis of an investigation by experts.

In Luxembourg, responsibility for references for special education rests with a central board consisting of the Ministry's Chief Inspector of Primary Schools (Chairman), the Director of Special Education (Deputy Chairman and Head of the Secretariat), representatives of the Ministry of Health and Ministry of Family Affairs, pediatricians, psychologists and special teachers. A social adviser, a school medical officer, a head of school and a legal expert may be included.

If the handicap concerns hearing and vision, the case is referred to a special medico-psycho-teaching committee. Children with special handicaps are sometimes educated abroad (for example, in Heidelberg).

In principle, it is for parents to ensure that their handicapped child receives special education, but in practice the school or social adviser takes the initiative. Parents must give their consent, but this can be replaced by a judicial decision.

In the Netherlands also, parents have the final decision on whether their child is to receive special education. Teachers, psychologists and doctors contribute in identifying difficulties, casual relationships and the available assistance. Their report is discussed by the school head and the parents, if they agree, the acceptance committee of the special school concerned arrives at a decision on the application for admittance. This committee may consist of school principals, doctors and psychologists.

The United Kingdom has widely varied opportunities for auxiliary arrangements for pupils with learning difficulties.

In England and Wales, local education authorities (LEAs) decide whether a child should receive special education. The decision must be reached on the basis of opinions from the doctor as well as normally other experts including, of course, the child's teacher. There is a strong trend towards a broadly based assessment, a minimum of formality and cooperation with the parents, especially in the choice of school. The parents may appeal against an LEA decision to the Ministry of Education.

The following are usually included in the investigation:

Parents:	Parents' views are taken into consideration.
School:	The school principal recommends a pupil for testing.
Psychologist:	Carries out the necessary test.
School consultant:	An educational consultant may be included in the test.
School medical officer:	Carries out examination and refers for further examination by a specialist.
Comments:	Other specialists may be included, for example a social welfare officer or a vocational guidance officer, according to the pupil's age and handicap.

In Scotland an education authority considering a child's need for special education must obtain assessments by an educational psychologist and a doctor in addition to a statement by the child's class teachers. Parents of a child ascertained as in need of special education are entitled to recieve a statement of reasons from the education authority. If they do not agree with this statement they can refer the decision to the Secretary of State. The progress of every child ascertained as in need of special education must be reviewed regularly.

The following survey sets out some of the people who have an influence on admission for special education in the countries concerned.

People who have an influence on admission of children for special education

Country	Parents	Role of school	Psychologist
Belgium	Must abide by decision of PMS centre.	School asks parents to approach PMS centre, which may refer pupil for special education. Parents choose school themselves.	As staff member of advivisory centre, he follows pupil's development.
Denmark	Parents cannot refuse, but great weight is given to their wishes.	Handing-over school takes initiative and advises. Receiving school takes over class teacher function.	School psychologist forms a team to assess pupil and suggests placing.
France	Parents must be heard and may appeal to the Regional Commission and the Courts.	Teacher submits observation report via school principal.	School psychologist carries out examination.
Ireland	Parents are consulted.	Teacher may refer and advise parents.	School psychologist carries out examination.
Italy			
Luxembourg	Parents' acceptance required, but Juvenile Court can disallow this.	Teacher may refer for examination if parents are informed.	School psychologist member of team assessing the pupil, and follows education.
Netherlands	Parents may refuse admission.	Teacher observes pupil.	Psychologist assesses.
United Kingdom: England and Wales	Parents' acceptance must in practice be obtained as far as possible.	Teacher and principal of handing-over school assess the need for special education.	School-psychology team decide on reference, and carry out any clinico-psychological examination.

School consultants	School medical officer	Comments
Examination takes place at centre.	Responsible for health examination at schools.	Centres are responsible for reports and examinations. Schools have no social welfare officers.
Are members of team, with hospital consultants, for pupils with speech, hearing and reading handicaps and for retarded pupils.	The school medical officer is heard, and in certain cases a specialist.	Clinical psychologist carries out character examination. School consultant for seriously handicapped and youth employment officer for the handicapped in special cases.
	Medical examination	Four specialists, incl. one social welfare officer, prepare reports and apply jointly to the Commission for Special Education.
	Medical specialist is member of assessment team.	
	School medical officer decides whether a pupil is to be accepted for special education school.	
School consultant is heard.	Doctor submits opinion.	
Leader of special classes.	School medical officer and specialist examine pupil.	
Consultant participates in team.	School medical officer and specialists are members of staff.	

Country	Parents	Role of school	Psychologist
Northern Ireland	Parents may appeal to Ministry of Education.	Teacher submits opinion.	School psychologist forms a school-psychological advisory team.
Scotland	Parents consulted. Decision taken as far as possible with their approval. They may appeal to Secretary of State whether decision is to be followed.	Teacher prepares case record and report.	School-psychological examination.
Federal Republic of Germany Bavaria	Parents may request admission and must be heard before decisions reached.	Teacher may request school principal to refer.	Reports on doubtful cases.
Berlin	Parents have right to object and may appeal.	Teacher makes a proposal, principal substantiates recommendation. Receiving school gives expert assessment.	School psychologist assesses. Clinical psychologist examines on request.
Bremen	Parents may object.	Handing-over school reports. Special school tests pupil. Receiving school's principal submits recommendation.	School psychologist advises parents and teachers.
Hamburg	Parents may refuse and have legal protection when appealing.	School principal is responsible that the school gives a detailed report. Receiving school principal takes decision together with parents, doctor and authorities.	School psychologist makes diagnosis. Clinico-psychological examination in certain cases.
Hesse	Parents' statement must accompany report. Parents may appeal to the Courts.	Teacher reports. School principal recommends on basis of personal impression of pupil. Special school teacher may examine pupil.	Re-examination in doubtful cases.

School consultants	School medical officer	Comments
	School medical officer member of team.	Any information and previous examination included in assessment.
School consultants participate in assessment.	School medical officer and specialist examine pupil.	
May be included where necessary.	Examination and proposal through medical officer of health.	School authority decides.
School consultants assess application.	School medical officer examines.	School authority decides on the basis of recommendations.
School consultant consulted where necessary.	Doctors carry out examinations and submit report.	Social welfare officer participates. School Inspectorate decides on the basis of recommendation.
Consultants carry out investigation and submit recommendation for admission.	General practitioner makes diagnosis and assesses need.	Social welfare officer participates.
	School medical officer must examine pupil. Specialist in certain cases.	Social welfare officer participates in placing in care.

Country	Parents	Role of school	Psychologist
Lower Saxony	Parents' protest may be rejected by superior authority	Teacher reports, school principal applies. Receivschool must examine pupil	School-psychological examinations where necessary
North-Rhine-Westph.	Parents may apply for special school; must always be heard and may appeal	Teacher recommends schools principal reports. Receiving school must examine and prepare report as a basis for school authority's decision	School-psychological assessment must be obtained
Rheinland-Pfalz	Parents may object	Handing-over school's teachers and principal make recommendation to receiving school. The two principals participate in decision	Psychological examination if necessary
Saarland	Parents may refuse, but authorities' decision must be accompanied by a 'case stated'	Handing-over school supplies written recommendation. Receiving school re-examines pupil and forwards all reports to school authority	School-psychological assessment may be obtained
Schleswig-Holstein	Parents are heard; may appeal to the Court	Teacher submits substantiated report to school authorities. Receiving school principal prepares a specialeducational assessment with recommendation	School-psychological examination in doubtful cases, such as Court appeals

Comments

Great respect is shown everywhere for the rights of parents in references for special education. At the same time, in a majority of countries there is a legal right for children whose development requires it to be given special education. These two considerations have strengthened the trend towards including the handicapped person himself in planning the individual curriculum that is to form his special education. An educational diagnosis is more working hypothesis than a label. Investigations in the context of teaching arrangements cannot by their nature be a complete process.

The 'neutral' aspect of well-considered psycho-teaching consultation will assist in de-dramatizing a reference for special-teaching.

School consultants	School medical officer	Comments
	School medical officer certifies recommendation if required.	Social Welfare officer may participate. Decision taken by school authority.
Special school teacher acts as consultant.	School medical officer must always examine pupil.	Advisory clinic to be consulted in special cases.
	School medical officer submits certificate, and where necessary specialist in hearing and motorhandicapped cases.	
	School medical officer or medical officer of health submit reports to school authority. Specialist report if necessary.	Youth welfare officer participates in special cases.
	School medical officer and if necessary specialist advise.	School authority decides.

Again, the rehabilitation objective, which extends beyond the school itself, has an important bearing on parents' willingness to agree to the school's proposals. Cooperation with the home is essential for good results. The external framework of special education and the interest aroused in this area of schooling by the expenditure aspect directly influence the population as a whole and, as a consequence, parents' evaluation of special education. In turn, the handicapped pupil's own acceptance of special-teaching arrangements is dependent upon these factors.

Private schools for the handicapped

In Belgium there are a large number of private (independent) special schools. Most of these are Catholic, the others being non-denominational. The independent schools are subsidized by the State under certain conditions. The Ministry of Education carries out educational and administrative supervision of State-subsidized schools.

Denmark has only a few private special schools. Approved costs are fully covered by the State, and they are supervised by the State.

Ordinary private schools receive State subsidies for 85% of their expenditure on teaching, including approved special education. The State school's psychoeducational consultation is available to private schools. If private schools are unable themselves to provide adequate special education, for example for those with speech/hearing handicaps, the municipality in which the school is located is required to make qualified staff available.

In the Federal Republic of Germany, State and private schools are in principle treated equally as regards provision of staff and material. The State fully covers the expenses of approved private special schools. They are supervised by the Ministries of Education. Berlin may be quoted as an example, where State grants cover salary expenses for private special schools. Lower Saxony also provides capital expenditure grants. The Saarland meets in full the approved expenses of private special schools.

France has a large number of private schools and institutions which, apart from providing the same education and boarding opportunities as the State schools, include sanatoria, preventive institutions, rehabilitation centres, re-socialization centres, etc.

Cost of accomodation and care at boarding schools is met by Social Security (sickness benefits), subsidised by social benefits (joint local and state). Cost of special education is met by the Ministry of Education, which also supervises.

There are two forms: 1. the private institution may apply for state-employed teachers to be made available. The teachers concerned are trained, paid and supervised by the Ministry of Education. This arrangement covers 36 % of private institutions for the handicapped. 2. Agreement may be limited to State financing of wage costs, and supervision to ensure that staff are qualified, the premises suitable and teaching in accordance with the law

Italy has private institutions of widely varying categories. They are financed mainly by organizations and school fees, but they also receive grants from regional and local school authorities.

The Netherlands is rich in private special schools, which are often linked to the Church or other interested groups. Salaries are financed by the State, and the municipalities meet other costs. The Ministry of Education's inspectorate for special education supervises these schools.

In Ireland, all special schools are private but receive State support covering almost all expenses. Apart from the churches, private organizations run special schools. These schools are under the supervision of the Ministry of Education.

England and Wales have over 100 private special schools operating under the same rules of law as LEA[1] special schools. These are approved by the Ministry of Education. In addition, about 160 private schools (not referred to as special schools) care for handicapped pupils either exclusively or mainly. These private schools are mainly boarding schools and accept pupils referred to them by the LEA, which pays for accomodation and teaching.

In Scotland the situation is the same but the number of schools is small, i.e., 13 special boarding schools run by private organizations (with government financial assistance) and 12 private schools.

Northern Ireland has a few private schools operated by interested groups. State subsidies vary from 0 to 100% of running costs and up to 85% of capital expenditure. The Department of Education supervises private schools.

Comments

In all Member States, private initiative has played a crucial part in the development of special education. Even in those countries where the number of pupils in private special schools is far less than those in State schools, parental interest and available funds can often be advantageously channelled through private institutions. An example of this is the promotion of research and development projects in the field of technico-methodics. The need is greatest where State and municipality have solved the education problems of handicapped to only a limited extent.

On the other hand, a complicated distribution of responsibility between public and private authorities can make the rational utilization of personnel and economic resources more difficult. Similarly, proper distribution and specialization can scarcely be realized. Joint planning becomes difficult.

In many countries, public and private endeavours complement one another in an exemplary manner. There should be no doubt, however, that public authorities have a legal obligation to provide the necessary opportunities for a reasonable standard of education where the handicapped's right to education and training has not been satisfactorily met by others.

All children can take part in education and training in one form or other. The obligation to meet this need should be placed upon the school authorities at a municipal, county or State level, depending upon the population basis necessary to ensure that the expertise for the arrangements concerned is available.

Although interested groups often achieve good results in private schools, part of the solution is to be found in the competent administration of small units. All too often State schools separate day-to-day responsibility for education of the handicapped from the formal administration. This risk is conspicuous in countries with a high degree of integration. Education for the handicapped calls for effective management at all administrative levels but especially in the education sector.

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[1] Local Education Authority

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Financing

Belgium: the State provides special education and meets the expense of this.

In the case of special education initiated by provincial authorities, municipalities or private organizations, the State contributes 100% of teachers' salaries and pupils' transport, 60% of aids and in certain cases of investment, and 80 to 100% of running costs.

Denmark: the municipalities pay all the expenses of the public schools, including education of the handicapped and school-psychological consultation. The State participates indirectly through general block grants, which include partial cover for school expenditure. Further special education (special schools, education centres and extraordinary expenses in association with the integration of the severely handicapped) is financed by county and State.

Federal Republic of Germany: as a general rule, the *Länder* finance special-educational measures for the handicapped. Bremen extensively supports private institutions for the handicapped.

The information from Hamburg is that the Federal Government to some extent subsidizes teaching of the handicapped by means of social grants. Hesse and Schleswig Holstein involve the Ministry of Social Affairs in the financing and implementation of special-education measures, especially outside the work-sphere of the schools. North-Rhine-Westphalia and Berlin have the same financing for private and public special schools.

France: a distinction is made between public schools (i.e. those directed by the State, the departments or the Communes) and private schools (i.e. those directed by individuals or legal private associations). The schools (public or private) are open in the medico-educational establishments. In every case, the State pays in total the teachers' salaries. The costs of running the schools and building costs are divided between the State and local organizations in the case of public schools. In the case of private schools, these costs are met by parents or associations. However, if the schools, either private or public, are created as medico-educational establishments, the costs of construction and running costs are met by the Social Security (medical insurance). These schools include those controlled by private associations. Support for pupils integrated into ordinary classes, remedial treatment for specific learning difficulties and treatment of children with slight behavioural problems are not recorded as special-teaching arrangements. These children will perhaps receive 'ambulant' assistance from a psycho-teaching aid group or from a medico-psycho-teaching centre. Special education at home or in institutions without education can be provided as tele-education (correspondence, radio, TV) or by mobile teachers employed by private organizations. The State supports these arrangements financially. The groups so excluded from public statistics comprise about 3 000 motor handicapped, about 2 000 visually handicapped, about 1 000 with severe hearing handicaps, about 5 000 educated in hospitals or at home, about 5 000 in medico-social centres and about 35 000 handicapped integrated into ordinary classes. These circumstances are considered in the discussion on greater integration.

Ireland: at least two-thirds of capital expenditure on public school buildings is borne by the State. This amount can be increased for special schools to include the equipment of premises and the purchase of technical aids. The Church and voluntary organizations often cover the remaining capital costs.

Running costs are covered by local school authorities, with assistance from the State. Teachers' salaries are paid in full by the State. Assistant staff may be paid by the health authorities, which also pay the cost of residence in boarding schools and in weekly boarding homes.

Netherlands: the State finances special education directly or via the municipalities.

United Kingdom: in general, the local education authority is responsible for providing education from the 5th to the 16th year, including the handicapped. It may also provide nursery education for the handicapped from the child's second year, and suitable education for young people over the age of 16.

In England and Wales, local authorities receive no special State assistance for educational purposes. The Government makes a block grant (60%) to support the local authorities' budget, including education. The local school authorities supplement the places provided for handicapped children at their own schools by subscribing for places at public-assisted private schools (non-maintained schools) or financially independent schools (independent schools).

The position in Scotland is the same as that in England and Wales.

In Northern Ireland, the Department of education refunds net expenditure on approved special education during the compulsory schooling period, as well as before and after. In cases where education is not without charge to the recipient, the handicapped person may apply for public assistance.

The information on the next page is available on the annual cost per pupil in the financial year 1975-76.

Comments

It is difficult to separate the cost of special education from general school expenditure, and it varies greatly from pupil to pupil according to, for example, treatment needed, class quota and technical equipment. Finance also becomes complicated where several administrative areas are involved.

Finance is, however, such an essential part of planning and administration that the above indications may give rise to an exchange of ideas on the bases to be used in financial calculations, and to an analysis of financial requirements.

Where funds for special-teaching arrangements are included in general education budgets, problems of priority often arise, all the more so because whoever administers the common budget is often part of the general school system.

As concerns funding, special education is so crucially different from general education that it postulates independent analysis and political priority, and perhaps a policy statement on alternative solutions.

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Expenditure per pupil, financial year 1975/76

Country		Kindergarten	1st-3rd class	4th-7th class	8th-12th class	Mentally retarded	Psychologically aberrant	Speech handicap	Hearing handicap	Visual handicap	Motor handicap	
Belgium	BFR	average per pupil in school year 1977/78, BFR 129 000										
Denmark	DKR	3 737	6 428	10 000	16 000	32 000	40 000	47 000	47 000	64 000	71 000	day school/
						130 000						boarding school
Hesse	DM	1 990				4 390						
Bremen	DM	2 401				7 353						
France	FF	5 997				8 134						day school/
		30 000				40 700						boarding school
Netherlands	HFL	2 000	2 100			5 623						
England-Wales	UKL		261	261	381	1 262						

Maximum number of pupils and average number of pupils per class

Country	Ordinary classes		Special classes with slight handicaps		Special classes with severe handicaps		Comments
	Maximum	Average	Maximum	Average	Maximum	Average	
Belgium Dutch	15 to 25		6 to 12				12 pupils applies to primary school only
French	29 to 30		9 to 23	(6 to 12 (5 to 7	9 to 23		
Denmark		21	12	8	6 to 10	5	
Federal Republic of Germany							For all Länder, please refer to 'Empfehlung zur Ordnung des Sonderschulwesens' 16 March 1972
Bavaria		29					
Berlin	29.3 to 30.8	27.1 to 30.9	6 to 16	5.5 to 14.2			
Bremen							
Hamburg			6 to 16	8 to 12			
Hesse			4 to 20	5 to 13.3[a]			
Lower Saxony	25 to 30	26.5 to 29.6	8 to 16				
North-Rhine-Westph.	22.5 to 30.9			6 to 23[a]			
Rheinland-Pfalz	39		6 to 20				
Saarland		27.5		8 to 20			
Schleswig Holstein							
France	25 to 35	24	15		12	12	
Ireland	40	32	16		12	12	
Italy	25 Max. 20 with 2 handicapped						
Luxembourg		18 to 25		12	7		
Netherlands					14.26		
United Kingdom							
England and Wales		primary 24.8 secondary 15.5		9.8	2 to 12	5.2 to 14.7	
Northern Ireland			10 to 30	9.8			
Scotland	40 to 45	State: 13.8 to 31.2 local: 15.5 to 48.7				State: 7.4 to 10.0 local: 5.2 to 14.7	

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[a] The figures indicate the ratio between pupils and teachers

Class quotas

Whereas the number of pupils in ordinary classes varies greatly from country to country, the number of pupils in special education is in all cases low, but here also there are variations.

Since we are concerned with 'mandatory' education, the individual pupil's claim to the teacher's attention sets strict limits to the number of pupils who can be helped simultaneously.

Where the need for special teachers cannot be met - perhaps because of insufficient training facilities - supplementary assistant staff are sometimes used. If the availability of premises is a problem, it has been possible to accomodate a larger number of pupils by using two teachers. This has been practised mainly in subjects requiring a high degree of support for the pupils.

The survey that follows shows the number of pupils in special classes. It is a simplified picture of a professionally and financially complicated area.

Direct comparisons are not possible. An average number of pupils need not indicate that the pupils concerned are kept together in all teaching situations. There is good reason to change the number of pupils as class activities change. Teaching in the special class is often supplemented by individual group teaching, and separate lessons for part of the class in certain subjects are introduced.

Comments

Two essential factors must be considered in the structure of special classes. One is the pupils' level of knowledge and ability. The other is the pupils' social relationships. This last consideration postulates a surveyable but varied environment, i.e., 5 to 10 pupils.

Further, the number of pupils must be adjusted to the nature and degree of severity of the handicaps of the pupils concerned. Classes for the physically handicapped (blind, deaf, motor handicapped) have fewer pupils than classes for the mentally handicapped and mentally disturbed.

It appears to be easier to maintain the objective of rehabilitation for the physically handicapped than for the mentally handicapped.

Age group

Compulsory education

Compulsory education for the handicapped is as a rule the same as the countries' general compulsory education. There are a few differences in Denmark, the Federal Republic of Germany, France and the Netherlands.

Denmark has compulsory schooling from the 7th to the 16th year. For the blind, compulsory education has been extended to the 17th year, and for the mentally retarded to the 21st year. Following the extension of general legislation on continued education to include the handicapped, arrangements for the general provisions on compulsory education to cover everybody from 1980 are under consideration.

The German Länder in general have compulsory schooling from the 6th to the 15th year (Berlin from the 6th to the 18th year) and a subsequent obligation to train for three years. In addition, there are provisions for extending compulsory education in special schools. Hamburg makes a reference to individual arrangements, and Hesse to the fact that children can be accepted into special schools from their 4th year. France also is among the countries in which compulsory education of the handicapped may differ in its duration from that generally applicable, which is from the 6th to the 16th year.

Special-teaching arrangements at nursery school age

In the field of integration and rehabilitation, research into special teaching gives particular importance to arrangements at nursery school age. Increasing consideration is given to this in all countries.

In Belgium, handicapped children may attend special education from the age of three, perhaps occasionally even earlier, but this is not the case for slight mentally handicapped children (Table 2) and children with specific learning difficulties (Table 10), they may attend special schools from the age of six.

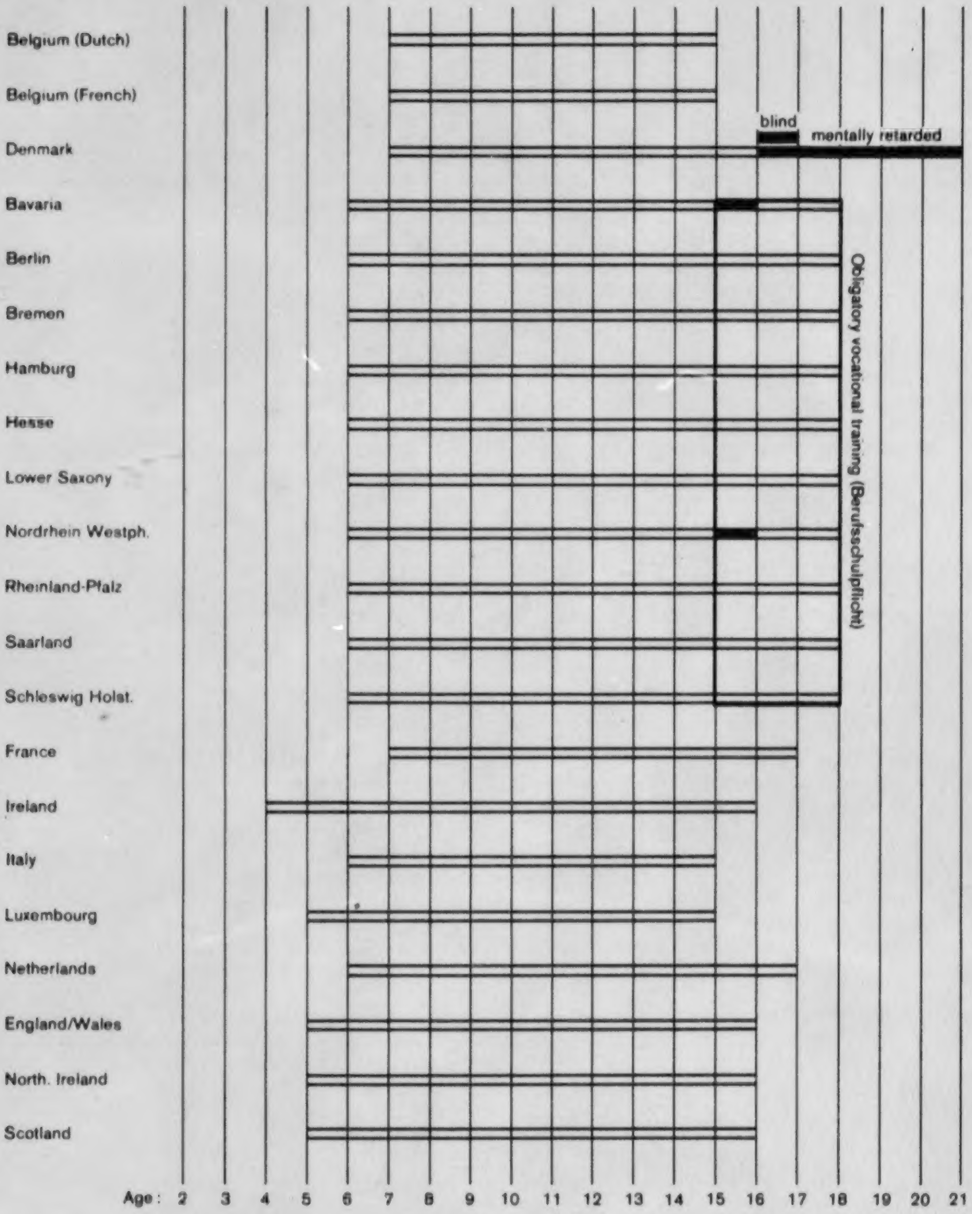
Denmark is arranging for special education in kindergarten classes in accordance with the obligations resting upon the school system in general. There are special kindergartens, particularly for the mentally retarded, but the handicapped are as far as possible accepted into ordinary kindergartens. In such cases, technical aids, consultation and assistants are made available. The medical and teaching sectors cooperate in the support of handicapped babies in their homes.

The Federal Republic of Germany employs special kindergartens. Lower Saxony, for example, has special kindergartens (Sonderkindergärten) whose costs are met by associations (freie Verbände). There are often social institutions, although in some Länder kindergartens for the handicapped are linked to the school by way of nursery classes. In Berlin, the special kindergartens are State-operated, whereas North-Rhine-Westphalia has many private special kindergartens. The Saarland provides supplementary training for the staff in ordinary kindergartens that accept handicapped children. Individual therapy in Federal special kindergartens is usually at a high professional level. The best-organized kindergartens are for those with sight and hearing handicaps.

France has established medico-social welfare centres for small children, caring for children from birth to two years. From the child's second year, all forms of special education are in principle available, i.e., individual education, special kindergartens, special schools and institutions whose orientation may be socio-medical, educational-medical or medical (children's hospital).

In Ireland, institutions for handicapped and socially deprived children are run by the health authorities, or by private organizations with a grant from the health authorities.

Commencement and duration of compulsory education



═ General compulsory education.

▬ Extended compulsory education for pupils with handicap.

Berufsschule = apprentice schools, vocational schools.

Italy has ordinary kindergartens for the three to six age groups, but they can accept handicapped children only to a limited extent.

The Netherlands offer special educational arrangements for children from three to six years as a phase in ordinary special education. Assistance is also available before the age of three, but only as special education for blind and deaf children.

In England and Wales, the compulsory school age is five. Arrangements for pre-school children are provided in various forms. Education for small children is available in 'nursery schools', although only for certain children (from the age of two), and in 'nursery classes' (from the age of three). Handicapped children have access to this education and can be accepted in special institutions from the age of two. In some cases, teachers visit small children at home, especially children with sight, hearing or mental handicaps. Day nurseries have been established by the social authorities, and there are also a number of private arrangements in the form of play and activity groups.

In Scotland, the situation is in general the same. There is, however, no deviation as concerns the age of access to nursery education, as both schools and classes accept children from the age of two. Day nurseries fall within the field of responsibility of the social authorities.

In Northern Ireland only a limited number of the handicapped are accepted in day nurseries.

Special-teaching post-school-age arrangements

Most countries encourage pupils - including the handicapped - to continue schooling beyond compulsory school age.

Belgium has arrangements for the education of the handicapped up to the age of 21, and beyond this age in exceptional cases.

In Denmark, consultants attached to schools provide guidance and support for handicapped pupils in their transition from school to working life (employment).

In the Federal German Länder handicapped pupils can continue to attend ordinary school after they have reached school leaving age. Handicapped pupils are also obliged to attend a vocational school or a corresponding institution. Special vocational schools are organized in conjunction by several Länder to cater for groups with special handicaps (e.g. persons with hearing defects, the partially-sighted etc.).

In France, all special-teaching assistance, available from the age of two, is similarly available for the young handicapped in association with support during training.

Italy provides no legal or practical opportunities for schooling for the handicapped beyond the 8th school year. However, an effort is made to provide education.

Ireland offers special education in State schools for three years after the end of compulsory education. Programmes have been prepared for vocational training in special schools, work-training centres or protected workshops linked to special schools.

Luxembourg refers young handicapped to a special institute for vocational guidance and social training. Like most other countries, rehabilitation institutions and training workshops are established by the social services.

The Netherlands offer very varied facilities within special education.

In England and Wales, pupils in the 16 to 19 age group, including handicapped pupils, are entitled to full-time education either at a school or college for further education. Some colleges and universities have special facilities for the handicapped, and more are expected to follow.

The situation in Scotland is broadly similar to that in England and Wales.

The education offered by countries before and after compulsory school age is illustrated in the following diagram.

Comments

All countries offer education for the handicapped before and after compulsory school age, but the intensity of the effort to seek out those in need and the practical opportunities for meeting the need vary greatly. The temptation is to express it as follows: availability varies from a right to a privilege.

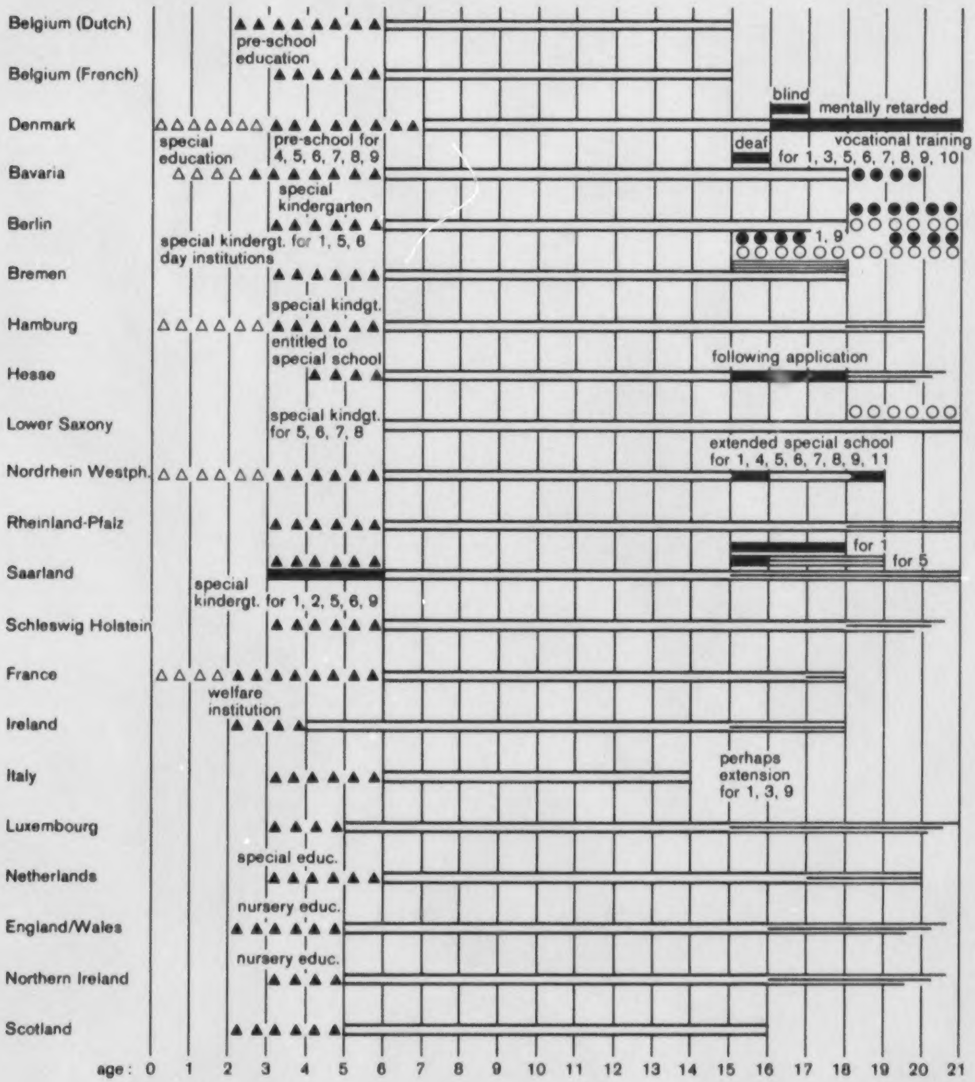
School authorities should be required to provide guidance and assistance as soon as the need for special-teaching arrangements has been recognized.

In the United Kingdom, efforts are made to promote cooperation between schools and social and health authorities. Where this is operating, parents' attention is drawn to the expert help they can obtain for their handicapped children, and they are encouraged to make use of this.

If administrative and financial responsibility for special-teaching assistance is unequivocally established and assistance is offered without cost to parents of the handicapped, there will scarcely be any need for compulsory education for the handicapped other than that generally applicable.

In Denmark, teacher training or training as a kindergarten teacher plus two years' practical experience give entry to special-teacher training. During basic training, those concerned must have chosen education of the handicapped (about 230 hours in the curriculum) as a special subject or have completed an equivalent introduction course. The course is at the Danish Post-graduate Training College and lasts one-and-a-half years. The student selects two out of nine possible areas of handicap. At present, capacity is about 100 candidates a year. Training as a teacher for the 1st to 10th classes in a primary school is for three-and-a-half to four years following university entrance examination. Training for kindergarten teachers is for three years. A university degree in psychology completes a course of at least five years, although teachers can cover the course within a shorter period. School psychologists must have a university degree in psychology, a teachers' diploma and teaching

Offers of education before and after compulsory education



═══ Ordinary compulsory education
▬▬▬ Extended compulsory special educ.
▲▲▲▲ Kindergt. and guidance
△△△△ Guidance
≡≡≡ Extended schooling
○○○○ Vocational training
●●●● Protected workshop

Handicap groups:

1. Mentally retarded
2. Slow learners
3. Socially and emotionally handicapped
4. Speech handicap
5. Deaf
6. Hearing defects
7. Blind
8. Partly sighted
9. Motor-handicapped specific
10. Learning difficulties
11. Sick

0 - 2 years = socio-medico action centres
2 - 6 years = normal or special kindergarden.

practice. Clinical psychologists complete two years of further practical training. Special teachers teach 24 periods a week, compared with 27 in ordinary classes in primary schools. They are paid the same as other teachers, but State schools have higher salary scales. A large number of consultant positions in primary schools provide opportunities for promotion. The annual salary of a social adviser is about DKR 90 000, of special teachers and consultants DKR 100 000 to 150 000 and of school psychologists DKR 120 000 to 170 000. There is a substantial shortage of special teachers, and it is planned to expend training capacity, inter alia by establishing a new course for speech/hearing teachers at Copenhagen University.

The Federal Republic of Germany has several special training courses.

Bavaria has training courses for teachers at special schools. On 1 October 1978 a new Law on Teacher Training became effective. Matriculation is necessary to study as a special school teacher. Training normally lasts ten terms. Further education after teacher training diploma is for two years. Good markes in the teacher training diploma are required for acceptance. Social educationalists are trained as auxiliary staff. They are primarily employed in pre-schools for the hard of hearing, language retarded, motor-handicapped and mentally sick. Ergotherapists and physiotherapists are also employed at special schools for the motor-handicapped and mentally sick.

In Berlin, special teachers undergo a two-year further education course after the teacher training diploma. Fifty special teachers a year are trained. Weekly teaching hours are 24.5. Annual salary is given as DM 43 990. Social welfare officers undergo a three-year training course after entry examination to university. Annual salary for these staff groups is DM 32 500 and DM 40 450 respectively. School psychologists undergo a five to six year university course after teacher training diploma. Weekly teaching hours are 20. Annual salary is DM 46 300, rising to DM 50 730.

Bremen trains special teachers for the mentally handicapped, the language handicapped, those with learning difficulties and the maladjusted (Geistigbehinderte, Sprachbehinderte, Lernbehinderte und Verhaltengestörte). The course lasts at least four years. The acceptance requirement is university entrance examination. Forty special teachers are trained each year. Their weekly periods are 26. Assistance staff take shorter training courses.

Hamburg has special-teacher training courses corresponding to the various areas of handicap. This can be a university course of four years or further training of two years, in both cases after completion of teacher training, which is normally for three years and followed by one-and-a-half years of practical training. Primary school teachers have 28 weekly periods and special teachers 26 weekly periods. The teacher's annual salary is given as DM 18 264 rising to DM 31 200 and the special teacher's as DM 19 536 rising to DM 35 772. The psychology course has been standardized at four to six years. Starting salary is given as DM 22 536 rising to DM 35 784.

Hesse makes use of the following staff groups in special education: Special teacher, social educationalist, psychologist and school psychologist. In some school districts, 'educational assistants' trained as kindergarten teachers or social educationalists (Erzieher) are employed to assist the teacher. The special teacher taken a further education course of two years after teacher training. There is also a four-year basic course with a subsequent 18 months of practical work. The social educationalist takes a four-year course, of which one year is practical. Ordinary teacher training for primary schools takes three years, and for secondary schools four years. In both cases there is a preparation period of 18 months. School psychologists have a teacher training diploma and a university degree in psychology. Training in psychology normally takes four years.

North-Rhine-Westphalia has a six-year training course for special teachers, 20 months of which are practical. Training capacity is given as 700. The weekly periods for special teachers is 27. Annual salary is a little above an ordinary teacher's salary. Primary school teachers take a five-year course, and teachers for classes 8 to 12 a five to six-year course. The annual salary varies from DM 37 000 to 43 000. This training is the most recent among the EEC's special-teacher training courses. The first examination under the new regulations was held in 1977.

The Saarland has no training facilities for special school teachers. Training of special teachers is at the Institute for Special Education in Mainz (Rheinland-Pfalz).

Schleswig-Holstein has a four-year course for special teachers, of which 27 weeks are practical. 120 special teachers are trained every year. Their weekly periods are 27. Annual salary is given as about DM 40 000. Teachers for children with hearing handicaps take a two-year university course, following training as a primary school or secondary school teacher. They must have had one year's practical experience. Two such special teachers are trained each year. Their weekly periods are 24. Primary school teachers take a three-yeer theoretical course at an educational college and two years of practical training. For teachers in classes 8 to 12 theoretical training is normally for four years. Vocational teachers, social educationalists, physiotherapists and ergotherapists are recruited by means of shorter courses. Logopaedics are considered as to some extent an educational field.

The following table attempts to summarize information on staff training courses for special education in the Federal Republic of Germany.

Training courses do not vary as much between the Länder as the diagram may suggest. There are two types:

1. teacher training, supplemented by two years of special teacher training;
2. the direct special teacher training course of four years, followed by a practical period (introduction to school practice).

A few Länder have both forms of training; others only one of them.

France distinguishes between special-teacher training courses within the field of the Ministry of Education and training courses at universities and private institutions. Special-teacher training courses within the field of the Ministry of Education can be applied for by teachers with a few years' practical experience. Teachers with ordinary two-year training following matriculation can take a two-year course, the first year being theoretical and the second year predominantly practical. There is a choice between eight subjects. The teacher destined to work in special education at secondary level which includes vocational training follows a module-structured special-teaching course. The modules are of varying length - depending upon the handicap - from two weeks to one year, and cover both theory and practice. In addition,

Special educational staff	Acceptance conditions for training	Duration of study incl. practice	Remarks
(a) Special teacher for: 1. mentally retarded; 2. slow learners; 3. socially and emotionally handicapped; 4. speech/language-impaired; 5. deaf and hearing-impaired; 6. blind and weak-sighted; 7. motor-handicapped; 8. pupils with specific learning difficulties; 9. sick pupils	DK: teacher training certificate with 1. special education course 2. or basic special educational course at the Danish Post-graduate Teacher Training College	1 1/2 years with two special subjects. Supplementary subjects for one term each.	
	D: basic study course in general educational theory, four terms.	Ba:	1+2+3+4+5+7
		Be: 2 years	a + b
		Br: min. 4 years, 4 weeks	1+3+4+8+b
		Ha: 2 years, 1/2 year, university 4 years, 1 1/2 years	a
		He: min. 4 years, 1 1/3 years	(a) Supplementary study course 2 years
		LS: 2-5 1/2 years, 38 weeks	3+4+8+b
		NW: 6 years 2 years	a
		SL: 4 years 1 1/2 years	in Rheinland-Pfalz
		SH: 6 years 2 years	a + b
		5 years 1 year	senior master in schools for the hard of hearing
	F: teacher training certificate	1 year 1/3 practice, 2 years guidance	
	L: two years' practice + basic theory	1 year	
	NL: higher continued education	2 years	
	IRL: Teacher training + two years' practice	1 year, 1/5 practice	in-service courses for 100 teachers a year

(b) Socio-educational training	E/W: 5 and 6: teacher training certificate	1 year further training 1 to 4 years study course	
	D: vocational training school, 9th or 13th class.	4 years (1 year practice) He: 3 years Be: 2 years	
In comparison: 1. ordinary teacher in younger classes;	DK: matriculation or equivalent	3 1/2 to 4 years IRL: 3 years	Bfl: ordinary teacher training certificate gives qualification for special education. Two year courses are available in special education.
2. ordinary teacher in older classes;	D: ordinary or equivalent vocational high school level, such as matriculation	4 1/2 - 6 years practice 18 months; in some countries + 1 year	
3. higher secondary school teachers;	F: secondary schools: higher secondary school: licence or teacher training certificate	2 years (1 year theory, 1/3 instruction, 1 year practical) LS: 4 years + 1 1/2 years	
4. technical teachers	F: Certificate		
Staff at school-psychological consultation:			L: staff groups other than teachers are trained in other countries
1. school psychologist			NL and IRL: no school psychologists
2. other psychologist	teacher training certificate + practice →)	→) F: 5 years NI: 2 years 4 to 6 years, perhaps + further practical work	
3. consultant			teaching experience

Bfl = Belgium, Dutch; Ba = Bavaria; Ha = Hamburg; NW = Nordrhein-Westph.; F = France; NL = Netherlands; BFr = Belgium, French; Be = Berlin; He = Hesse ; SL = Saarland; IRL = Ireland; E/W = England/Wales; DK = Denmark; Br = Bremen; LS = Lower Saxony; SH = Schleswig Holstein; L = Luxembourg; NI = Northern Ireland.

the Ministry of Education provides a two-year supplementary training course for teachers who are to specialize in multi-handicapped (psykomatricité). School psychologists take a two-year university course, following the teacher's diploma, and five years' teaching practice.

Up to the present, the Ministry of Health has trained teachers for its own institutions (one school for the blind and four schools for the deaf). This is a three-year in-service course. It is both theoretical and practical.

Other training courses are those for psychologists, who attend a five-year university course, psychiatrists, whose medical studies cover seven years followed by a two-year specialist's course, and social advisers, who take a three-year course and, upon employment in the educational sector, receive additional training. Speech therapists are para-medical staff with three-year university training. Apart from these, private institutions and medico-socio-educational institutions provide a few three-year training courses giving qualification for employment. Since 1967, 2 000 special teachers have been trained annually. The present number of special teachers is about 32 000.

Ireland trains special teachers in one-year training courses. Distinctions are no longer made between married and unmarried teachers. The three-year teacher training course is a precondition for acceptance. The study covers 620 hours, of which 100 hours are practical. Each year 37 special teachers are trained. Their weekly teaching hours are 22 1/2. Annual salary the same as ordinary teachers from 1 November, 1977, (IRL 3 307 to IRL 5 384), with a supplement of IRL 245. About 100 auxiliary teachers are trained each year through in-service training, and a large number of short courses are available for teachers concerned with the handicapped. Psychologists, psychiatrists and social advisers do not attend special courses with a view to working in the teaching sector. Inspectors of schools who have a qualification in special education act as consultants both to the Ministry and to the schools.

Italy has no true special-teacher training, although this is under preparation and will probably be at university level. Logopaedics are trained in the medical sector, this training lasts three years. Up to the present no specific education has been necessary for teaching in the five-year primary school, but in 1974 the Italian parliament decided in principle that in future all teachers should be trained at university. The training of special teachers is expected to be for two years.

Luxembourg trains special teachers on the basis of the normal two-year teacher training course. The course lasts one year and, according to need, capacity is three to eight candidates. Alternatively, training is carried out at universities abroad providing for 10 to 15 special teachers a year. Luxembourg is not short of special teachers. This also applies to other groups of staff in special education.

The Netherlands' teacher training course lasts three years. One-third of the teachers employed at special schools have supplemented their basic training by special-teacher training, but in general practical experience is more important. The weekly teaching periods are 26. Annual salary is about HFL 53 000. Psychologists and other personnel in special-teaching guidance are trained at university level; social advisers, however, are trained in special schools. School psychologists are not part of the Netherlands' education system.

In England and Wales, teachers in special education must have completed ordinary teacher training. Teachers for blind children or children with impaired hearing must usually have obtained a further qualification, and other teachers in special education are encouraged to do so. Special-trained teachers receive a higher salary, and in addition teachers at special schools receive an extra payment. The annual salary varies according to qualifications and seniority from about UKL 3 000 to about UKL 6 500. The school principal's salary varies from UKL 5 000 to UKL 10 000.

Northern Ireland's special teachers must have completed recognized teacher training and two years' teaching practice. This last requirement also applies to school psychologists, who must have a recognized university degree. Average teacher's salary is about UKL 4 000. Salary of school psychologists varies from about UKL 3 900 to about UKL 6 600. Teachers for the blind, deaf and hard of hearing must have completed training courses recognized by the Ministry of Education.

To be permanently employed as a teacher in Scotland, the applicant must be registered with the General Teaching Council. Employment commences after completion of teacher training and two years trial employment. In addition, teachers for the handicapped must have completed one year's additional training at a teacher training college. The employing authorities assist to a considerable extent with further training courses. Teachers are paid during such courses. Each year about 85 teachers complete the one year course, which qualifies for employment as a special teacher. In 1976, salaries for teachers at primary schools varied from UKL 2 706 to UKL 3 960, and for teachers in secondary education and special education from UKL 2 853 to UKL 4 677. Teachers in special education also receive a supplement varying from UKL 123 to UKL 297.

Educational psychologists in Scotland normally have an honours degree in Psychology, have trained as teachers and have a post-graduate qualification in Educational Psychology. The salary of schools' psychologists varies from about UKL 4 300 p.a. to about UKL 6 800 p.a. (1978).

Comments

Training courses for special-education staff vary considerably. In the majority of countries there is no proper authorization in the form of educational and professional qualification. This lack of qualified teaching assistance can scarcely do otherwise than weaken socio-medical rehabilitation.

It is probably necessary to compromise on ethical standards in cases where the arrangements agreed between the authorities and the parents cannot properly be referred to as special education.

Education and training is an essential element in rehabilitation of the handicapped. The level achieved by such measures is linked closely to the training and qualifications of the teaching and psychological staff.

A first step towards efficient educational rehabilitation must lie in increased information about the performance of the handicapped in basic courses, even if this leads to prolongation of the period of study.

Another, equally important step is the provision of psycho-teaching guidance in the home, for the pupils and for those who teach the handicapped - not forgetting the many handicapped who are integrated into ordinary classes. The EEC's efforts towards reciprocal recognition of professional qualifications between countries encourage the belief that we may be seeing the beginning of harmonization in the field of special education.

The above frangmentary impressions are not an attempt to set out the staffing policies of the EEC Member States, but they will perhaps encourage more specific research into the problems of staffing, which are so central to the education and training of the handicapped.

INTEGRATION

The question of integration of the handicapped into an ordinary cross-section of people of the same age is the subject of specialist and political debate everywhere.

It must be emphasized that we are concerned with integration as far as this is possible and proper.

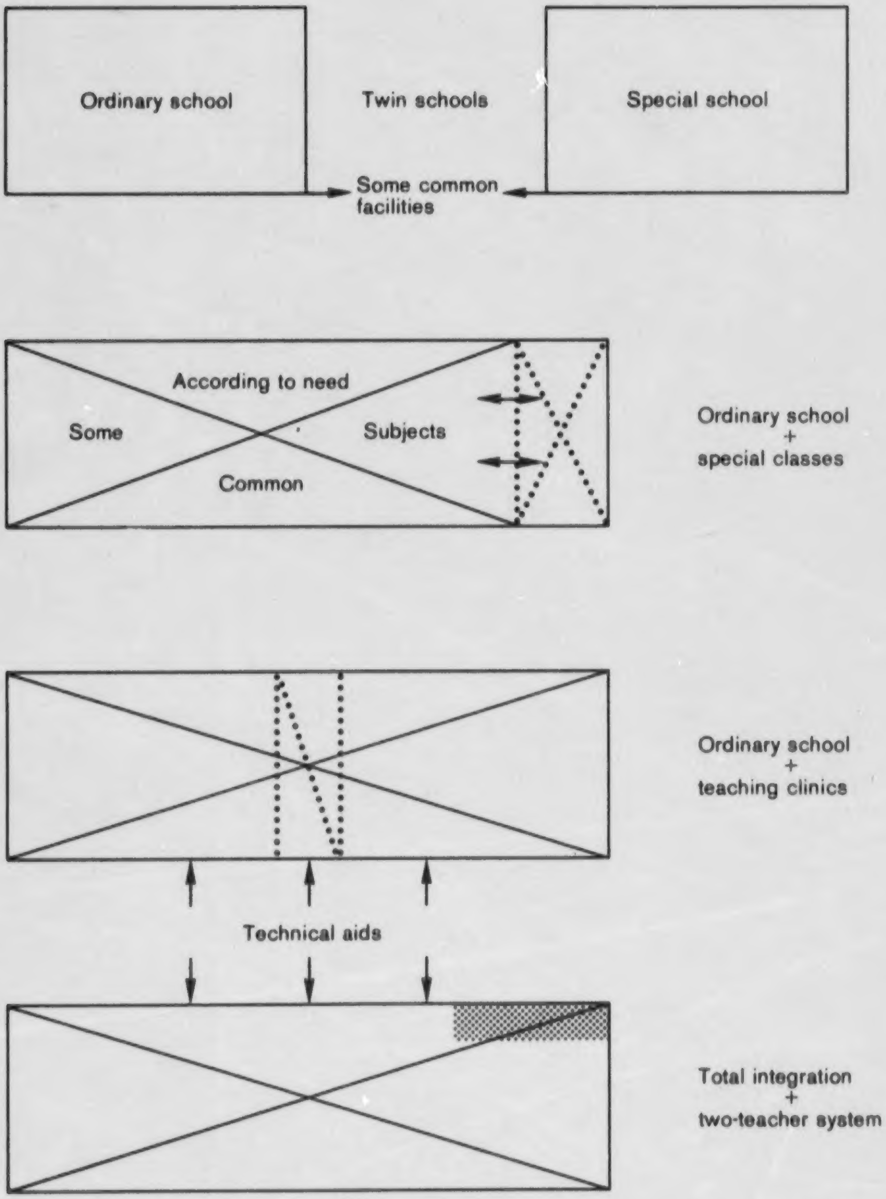
The report contains no analysis or assessment of these circumstances, which are by no means clear-cut, since arrangements for the support of pupils in ordinary classes are not everywhere classified in the same way as special education.

If we recognize as special education that which calls for special teacher training and an individualization going beyond the capacity of a teacher of an ordinary class, a distinction can be made between levels, grades and forms of integration.

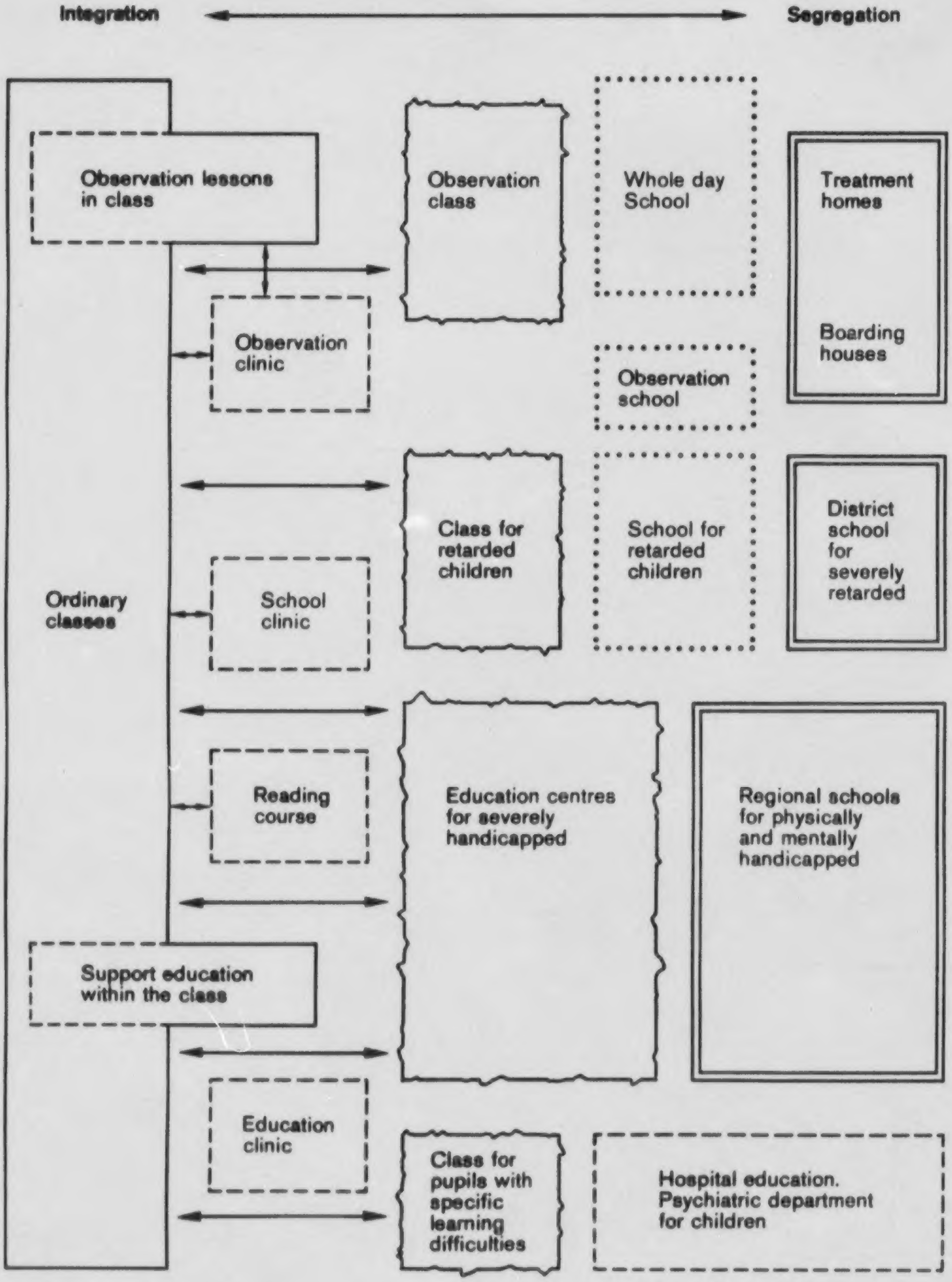
Experience of special classes (special schools) in association with a normal school environment is good, provided the background is right. In addition to qualified teaching, this includes medical and social assistance, educational-psychological guidance and treatment facilities, for example for ergotherapy and physiotherapy. Increased costs for staff, aids and transport often arise.

The administrative consequence of integration is decentralization. Local education authorities must accept responsibility for education - including regional and country-wide educational assignments. This appears to create no problems, provided overall control, planning and financing is in the hands of regional or State authorities.

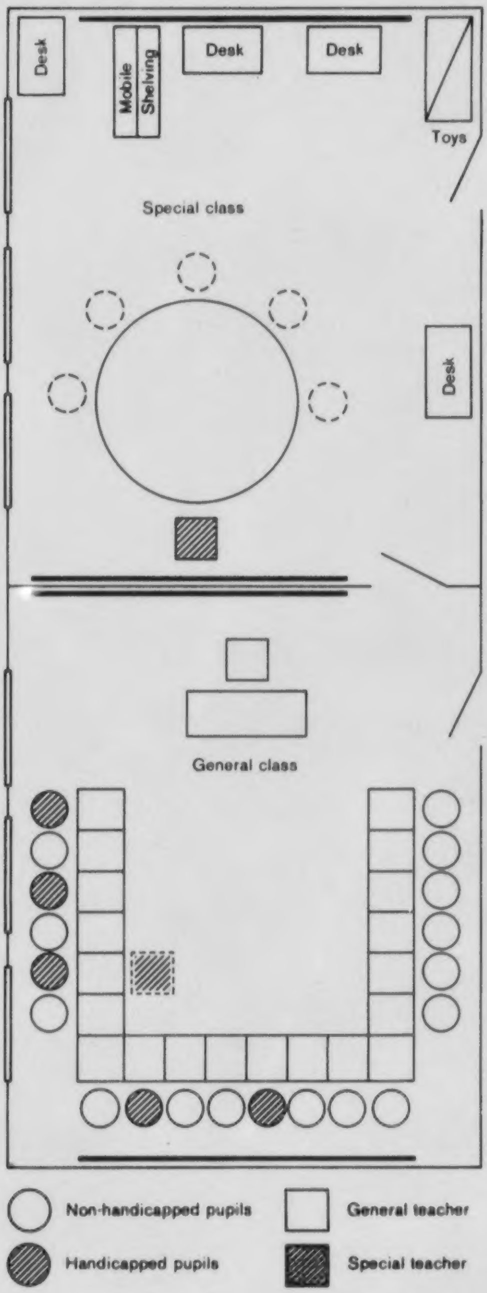
Integration level



Degree of integration


Integration
Segregation
Observation lessons in class
Observation class
Whole day School
Treatment homes
Boarding houses
Observation clinic
Observation school
Class for retarded children
School for retarded children
District school for severely retarded
Ordinary classes
School clinic
Education centres for severely handicapped
Regional schools for physically and mentally handicapped
Reading course
Support education within the class
Education clinic
Class for pupils with specific learning difficulties
Hospital education. Psychiatric department for children

Example of form of integration for seriously handicapped pupils



Chapter 2

DISCUSSION AND PROPOSALS

The above information represents a large body of material, which should be further systematized. This first report is therefore to some degree in the nature of a catalogue of special-education subjects. This attempt to collate and select information is only a step towards an objective analysis of teaching arrangements for the handicapped within the EEC.

This preliminary work has occasioned an exchange of views and experience between the departments concerned in special education within ministries, and further work to correct and expand the report may lead to informal cooperation beyond the frontiers of the individual countries between those specializing in the education of the handicapped. As an initial consolidation, the Commission's Directorate-General for Research, Science and Education called a conference in 1978 on special education, with participation from the circle of people who have contributed to the Report. Such informal discussions between centrally placed leaders in special education should become a fixed part of the exchange of experience.

The venue for meetings and responsibility for their arrangements could be taken in turn by Member States. In practice, annual arrangements would have to be left to the country concerned's representative on contact committees in cooperation with and financed by the Commission of the European Communities.

In June 1974 the Council of the European Communities decided that 'the Community's general effort on behalf of the handicapped should be directed towards helping them to live a normal independent life, fully integrated into society'. This objective is applicable to all age groups and all forms of handicap.

In this context a handicap was defined as 'any limitation, congenital or contracted, of a person's physical or mental abilities that affects his daily life and work by reducing social participation, employment prospects and opportunities for making use of public services'.

This statement was made in reference to the rehabilitation of the handicapped, and it is possible that teaching circles would have formulated it differently. But in this connection the main point is to stress that rehabilitation is also a teaching problem. All too often it is treated as if it were solely a medico-social area. Perhaps the education system's earlier psycho-teaching arrangements will prove to have made a valuable contribution to, for example, integration and acceptance, which are prominent factors in rehabilitation.

Understanding of this is growing rapidly - not least politically. This is expressed in the form of spontaneous 'education arrangements' by the most varied branches of administration and interest groups.

There is an express desire to rationalize this profusion, on the one hand to make better use of qualified personnel and financial resources, and on the other to give an opportunity for cooperation between units of the many minorities that make up the handicapped section of the population whose size is such that they are sufficient to provide a useful body of experience.

The trend appears to be:

1. To relate responsibility for education of the handicapped to the ordinary schools and to guarantee special paedagogical guidance and assistance.

2. To make paedagogical and psychological guidance and special education available without cost to the family, the financial and administrative responsibility being established by legislation.

3. To consider the environmental and servicing aspects which are essential for meaningful education as an inseparable component of education and hence of the education budget; this includes buildings, transport and technical aids.

4. To provide special teaching assistance at nursery-school age as soon as the need is recognized and to make it the responsibility of the school authorities, which in this context cooperate with the social and health services.

5. To ensure specialist training and further training for staff giving psycho-paedagogical guidance and special education. The training should help to facilitate cross disciplinary measures.

6. To involve the parents to an increasing extent in the planning of special paedagogical assistance.

7. To provide assistance and guidance to the handicapped after they leave school as part of the education system, with the cooperation of the two sides of industry.

8. To include as part of special education in schools preparation for further training and vocational placement including vocational practice, via cooperation in this area with the two sides of industry. In addition, to offer preparation for further education and continued personal development. It should be possible for the adult education system to meet the requirement for special education.

9. To ensure that funds are provided for specialized paedagogical research and development work including the production of technical aids.

A Note from the Commission's Education Committee of June 1975 reads that 'the promotion of closer relations between educational systems in Europe can best be served by a continuing comparison of concepts, experience and methods in our educational systems'. (Draft report to Ministers by the Education Committee of the European Communities).

The Nordic countries hold annual meetings between representatives of those responsible in Ministries of Education for education of the handicapped. This tradition has contributed to harmonization and the exchange of information.

It is for consideration whether such annual, informal, non-binding but well-prepared contacts between officials with knowledge of and responsibility for this area might benefit the handicapped in our countries.

Chapter 3

SPECIAL EDUCATION IN THE MEMBER STATES

BELGIUM

In 1819, a Royal Institute for the Visually and Auditory Handicapped (presumably the blind and deaf) was established in Liège.

In 1834, the Sisters of Charity established in Brussels in institution for deaf and blind girls similar to that they had run in Ghent since 1808.

This institution exists today in Uccel as the Royal Institute for Deaf and Blind Girls.

In 1835, the Brothers of Charity opened in Brussels a similar institution for boys, and the Province of Brabant followed suit in 1883 with an institution at Berchem - St. Agathe.

In 1897, special schools were opened in Brussels and in Antwerp.

In 1901, Dr Ovide Decroly established his institute for handicapped children (mentally retarded) in his own house.

In 1903, the City of Brussels established an out-patients' clinic, with Dr Decroly as its head. This clinic was to provide guidance for families with mentally handicapped children.

In 1915, Dr Decroly, in cooperation with Nicolas Smelton, who became School Inspector in Brussels, and Charles de Gronckel, who worked for the Municipality of Ixelles, established a 'home for orphaned children', the first home to attend to the welfare of children with serious social and behavioural difficulties.

One of these homes subsequently became one of the first schools for the motor handicapped.

In 1916, the Province of Brabant established an institution for the disabled.

In 1923, the first sanatorium with an associated school was established at Auderghem.

This and one other sanatorium were for the treatment of tuberculosis. Since 1957, these institutions have become centres for the treatment of children and young people with bronchial illnesses and allergies, the disabled, diabetics and haemophilics.

In 1926, the Province of Brabant opened an agricultural college at Waterloo, which is the Province's present medico-teaching institution.

Present-day special education stems from a Law of 1914 which provides for compulsory schooling from the 6th to the 14th year. It states that municipalities are required to organize classes for children of low ability and for children who are different (abnormal), where the population basis permits.

The Law of 27 March 1931 covers general compulsory schooling, extended compulsory schooling for the handicapped, and made it compulsory to provide special education and to organize classes for children of low ability and classes for 'recuperation'. A Law dated 1937 emphasizes that retarded or handicapped pupils should be grouped in special classes if their abilities so permit.

In 1958 and in each subsequent year until 1970, a series of Bills was submitted making way for the present Law on Special Education. A Bill was submitted by Ministers Dubois and Vermeulen in the form of a framework law, and was adopted on 6 July 1970.

'Fifty-six years passed therefore before the country had a Law on special education' (quotation).

The over-riding objective of the Law of 6 July 1970 on Special Education is to ensure the education and treatment of the handicapped in order to provide optimal development of their physical and mental potentials. They must be enabled to manage in society and in work, if necessary in protected surroundings (Chapter I, Sec. 1).

The provisions of the Law refer to the handicapped in the 3 to 21 age group, but exceptions are permissible. Certain of the handicapped can therefore be treated earlier and continue beyond the 21st year.

Decisions on instituting special education are taken by psycho-medico-social centres in consultation with parents, whose consent is a prerequisite.

Special education is provided partly in schools organized by the State, provinces and municipalities and partly in private schools. Families with handicapped children have therefore quite a wide freedom of choice, since the schools can also meet the needs of specific denominations. The State makes a payment to private schools, as well as to State provincial and municipal schools.

The extension of special education is progressing well.

The present picture for the future is as follows:

1. Specialization of the various institutions as precisely as is possible, having regard to the handicapped group that each institution is intended to serve.

2. Influencing the population's standards in the direction of greater understanding for the handicapped.
3. Rationalization of the various offers of education, while at the same time safeguarding the families' freedom of choice.
4. Budgetary security for the institutions to cover their needs as concerns staff and buildings and equipment.
5. Curricula.
6. Administrative reform.

List of addresses

Ministère de l'Education Nationale et de la Culture Néerlandaise

Direction Générale de l'Enseignement Fondamental

Section de l'Enseignement spécial, Centre Administratif - Arcades, Bruxelles

Le Fonds National de Reclassement Social des Handicapés (Ministère de l'Emploi et du Travail)

Office de la Protection de la Jeunesse (Ministère de la Justice)

Ministère de l'Education Nationale et de la Culture Française, Direction générale d'enseignement spécial, par correspondance et de promotion sociale, Service de l'enseignement spécial, rue Royale 90, 1000 Bruxelles, Tel. (02)2194030

Ligue nationale pour handicapés, Abbaye d'Aulne, 6418 Gozee

Association belge des paralysés, rue Champs Elysées 61, 1050 Bruxelles, Tel. (02)6486433

Association chrétienne des Invalides et Handicapés, rue de la Loi 121, 1040 Bruxelles, Tel. (02)7358080

Association de Parents d'enfants psychotiques, avenue Capricorne 1 A, 1200 Bruxelles, Tel. (02)7623944

Association nationale d'aide aux handicapés mentaux, rue Forestière 12, 1050 Bruxelles, Tel. (02)6495524

Association de parents d'enfants mongoliens, avenue du Tennis 31, 4802 Heusy-Verviers

Association des parents (Confédération Nationale des), rue Guimard 1, 1040 Bruxelles, Tel. (02)5120112

Association Nationale pour le logement des handicapés, avenue E. Plasky 186, 1040 Bruxelles, Tel. (02)7335655

Association nationale d'aide aux Inadaptés Sociaux, rue Fraikin 18, 1030 Bruxelles, Tel. (02)2165025

Association de Parents (FAPEO) de l'Enseignement Spécial, Gal du Roi 25, 1000 Bruxelles, Tel. (02)5113108 - (2)5135192

Comité de contact des oeuvres de la Sauvegarde de l'Enfance et de la Jeunesse, rue Major R. Dubreucq 25, 1050 Bruxelles, Tel. (02)5114695

Fédération Nationale des Associations médico-sociales, rue de la Loi 121, 1040 Bruxelles, Tel. (02)7358080

Ligue belge de la Sclérose en plaques, avenue E. Plasky 188, 1040 Bruxelles,
Tel. (02)7361638

Ligue Braille, rue d'Angleterre 57-61, 1060 Bruxelles, Tel. (02)5388920

Ligue Nationale Belge d'hygiène mentale,
- pour enfants, rue E. Cavell 35, 1180 Bruxelles, Tel. (02)3439620
- pour adultes, avenue W. Churchill 106, 1180 Bruxelles, Tel. (02)3443217

Ligue Nationale belge contre l'epilepsie, avenue Albert 135, 1060 Bruxelles,
Tel. (02)3443293

Ligue Nationale belge d'aide aux paralysés cérébraux, ASBI, Chaussée de
Vleurgat 94, 1050 Bruxelles, Tel. (02)6480494 - (02)6483230

Association de parents d'enfants dyslexiques et dysortographiques, avenue
Charles Woeste 38-7, 1090 Bruxelles, Tel. (02)4271736 - (02)3581627.

DENMARK

In 1807 the Royal Institute for the Deaf and Dumb was established, and in 1871 Denmark introduced general compulsory schooling for the deaf.

In 1811 a private association established a Royal Institute for the Blind. This was taken over by the State in 1857. Compulsory schooling for blind children was introduced in 1926.

In 1855 the first school for mentally handicapped was established on private initiative, although with State support. In 1934, the State took over the entire cost of operating these schools. Since 1959 there has been compulsory education and rehabilitation for mentally handicapped children aged 7 to 21 years. In the course of a few years the State built the necessary number of local schools to enable the mentally handicapped school child to remain at home. School transport is free of charge of the parents. Over the whole country, fewer than 200 children of compulsory school age are registered as 'without education'.

In 1874 the Society and Home for the Mentally handicapped built a nursery school. The State took over the whole cost of operating this in 1934.

The primary school is a municipal school. In 1814 Danish schooling was reformed, establishing the municipality's obligation to initiate education for all children, but it was not until the following century that this obligation led to the provision of special classes. The first municipal classes for slow learners were set up in 1900, for the partially deaf in 1916, for the partially sighted in 1922, for those with reading difficulties in 1935, for the physically handicapped in 1961 and for psychotics in 1967.

A conditional obligation to provide special education was placed upon primary schools in 1937 and an unconditional obligation to provide adequate arrangements in 1958. In 1949 a Law on Consultation in Educational Psychology was implemented.

In 1969, the Danish Parliament decided upon integration as the basic principle in the education of the handicapped. In consequence of this, all special education is to come under the Ministry of Education from 1 January 1980. Boarding schools for the severely handicapped and schools for the mentally handicapped have been the concern of the Ministry of Social Affairs since 1924.

The day-to-day direction of special schools is the concern of the head of the school, and classes for the handicapped at ordinary schools may have their own head. Municipal councils or county councils are the decision-making bodies, but a school council of five to seven members elected by the parents has wide authority in relation to the individual school. In schools with special classes, the parents of handicapped pupils elect two representatives to the school council.

The financing of aid for special teaching is similar to the financing of other education. Municipalities receive from the State as a block subsidy 60% of wage costs. However, further special education, i.e., education of the severely handicapped in special schools, education centres and hospitals, as well as certain types of mobile education and unusually expensive aids, is paid for in full by the counties - with State reimbursement. There is no expense to parents in connection with education.

Denmark's population is 5.1 million, of whom about 40 000 are in the Faeroe Islands and about 50 000 in Greenland. The number of schoolchildren is about 770 000 of whom about 50 000 are in private schools. Compulsory schooling runs from the 7th to the 16th year. Pupils have a right to extend this before or after, and in general there are life-long opportunities for education. The obligation to provide free education also includes special-teaching arrangements at nursery school age. This concerns in particular children with speech, hearing, vision and motor handicaps, and covers aids, transport and consultation.

There are 90 000 registered pupils undergoing special education, of whom 65 000 receive supplementary education in weekly lessons, 20 000 are referred to special classes in ordinary schools and 5 000 to special schools.

In many municipalities, trials are in progress using two teachers in classes that accept one or more handicapped pupils. The class quota in ordinary classes is an average of 21 (in special classes a maximum of 5 to 10), and to a certain extent divided lessons can be employed; that is, instruction is given to half the number of pupils.

The initiative in referring a child for special education is most often taken by the child's teacher, but it can also be taken by the parents, the pupil himself or the school doctor. Acceptance is on the basis of an educational-psychological recommendation and following consultation with the parents. The decision is taken by the school's teachers' council or, upon its authorization by the head of school and the school psychologist. The decision may be appealed against to the school council.

A reference against the wishes of the parents arises only in exceptional cases, since it is considered that this will leave the pupil in a difficult position and create poor conditions for the special education.

Pupils receiving special education are followed by the educational psychology consultation service. The establishment rules for this institution's staff provide for three school psychologists, two clinical psychologists, one social adviser and five part-time consultants for various areas of handicap for each 5 000 pupils.

Psychological training takes at least five years. Social advisers study for three years. Clinical psychologists have further practical training of two years. School psychologists must have a teacher-training diploma and teaching practice in addition to a degree in psychology. Special education teachers take the ordinary teacher training of three-and-a-half to four years, with education of the handicapped as their special teaching subject (240 hours' study), and subsequent further training of one-and-a-half years. All teachers must have covered special-teaching subjects in pedagogics, psychology, didactics and practice.

It is expected that by the 1980s special education in Denmark will have been expanded into a coherent system of special-teaching aid centred around the child's district school. If the parents of a handicapped child apply there, the necessary expert knowlege becomes authomatically available.

Each school will have an education clinic to support instruction in the ordinary classes by teacher guidance, teaching aids and supplementary teaching of the handicapped in one class, in groups or by individual teaching. Where speech training, auditory training, instruction in Braille, etc., arise, 'itinerant teachers' are normally brought in.

Each county will have an education centre. It will consist of special classes distributed between ordinary schools, for example classes for those with defective hearing in one school, classes for the motor handicapped in another school, and so on. In association with a centre, weekly boarding schools can be established to provide temporary or more permanent relief for the parents.

There is still a need for special schools, including special boarding schools, but it is part of the plan that such schools shall be 'twinned' with ordinary primary schools, with the consequential obligation on heads and teachers to cooperate.

For special-teaching aid to be a link in the rehabilitation process, the preconditions are qualified personnel, competent administration and the availability of a wide and flexible range of education.

Special-teaching research has been a neglected field in Denmark, but ample reports of research in other countries have been obtained and put to use.

Among relevant legislation, the following is a quotation from the Law on Primary Schools: 'Children whose development requires special consideration or support shall receive special education or other special-teaching assistance. The Minister of Education shall establish rules concerning this ....' and 'A reference to special education not of a temporary nature is on the basis of an educational-psychological investigation and following consultation with the pupil and the parents'.

From the Law on the Control of the Municipal System of Schools, etc., the following may be quoted: 'Where the teachers' council's decision on whether a child is to be moved into the next class or referred for special education is brought before the scholl council, this council shall take the final administrative decision on the matter'.

Again, 'An executive school psychologist may be employed by the County Council or by a large municipality with the consent of the Minister of Education to lead educational-psychological investigations and consultations and to organize special education at municipal, State and private schools and other educational institutions in one or more municipalities.

'In carrying out his activities, the executive school psychologist is responsible to the School Commission and the Leisure Commission in the municipality (ies) to which he is attached in accordance with his conditions of employment. As concerns State and private schools and educational institutions, he carries out his activities following agreement with the heads of the schools and institutions concerned'.

The Law on Higher Secondary Schools, the Law on Vocational Schools and the Law on Private Schools prescribe that: 'Handicapped pupils are to be provided with special education or other forms of special-teaching assistance. The Minister of Education establishes rules for this'.

List of addresses

Ministry of Education

The International Office, Frederiksholms Kanal 21, 1220 Copenhagen K

Inspectorate of Special Education, Vester Voldgade 117, 1552 Copenhagen V

Directorate of Social Services

Kristineberg 6, 2100 Copenhagen Ø

Institutions

Danish Teacher Training College, Emdrupvej 101, 2400 Copenhagen NV

Danish Pedagogic Institute, Hermodsgade 28, 2200 Copenhagen N

Danish Pedagogic Library, Lersø Parkalle 101, 2100 Copenhagen Ø

Society and Home for the Disabled, Borgervaenget 7, 2100 Copenhagen Ø

Professional organizations

National Association of School Psychologists, Bethaniagade 2 B, 7400 Herning

Danish Association of Auxiliary Schools, Rørsangervej 1, 3600 Frederikssund

Audiologopaedic Association, Educational-psychological Consultation, Mejlgade 8, 8000 Århus C

National Association of Reading Educationalists, Vejlemosevej 31, 2840 Holte

Organizations for the disabled

National Association for the Disabled, Hans Knudsens Plads 1, 2100 Copenhagen Ø

National Union for the Deaf, Brohusgade 17, 2200 Copenhagen N

The Federation of Danish Organizations for the Disabled, Randersgade 68, 2100 Copenhagen Ø

Danish Society for the Blind, Randersgade 68, 2100 Copenhagen Ø

National Association for Welfare of the Mentally Handicapped, Vester Voldgade 96, 1552 Copenhagen V

National Association for Better Hearing, Skt. Knudsvej 36, 1903 Copenhagen V

FEDERAL REPUBLIC OF GERMANY

Handicapped children and young people who cannot be adequately educated in normal schools are provided with special nursery schools, schools and vocational schools in which they can be educated taking account of their handicap. There is a long tradition in the Federal Republic of Germany of special schools for handicapped persons. In the eighteenth century the first institutions for deaf and dumb children were set up in Hamburg (1769). The special school system was developed further starting towards the end of the nineteenth century and continued at an increased rate in the early years of this century, reaching its peak in the 1960s and 1970s. At the present time about 4% of all pupils attend schools for handicapped persons (about 400 000 pupils).

Increasing efforts have been made in the Federal Republic of Germany since the beginning of the 1970s to teach handicapped children and young people together with the non-handicapped.

This aim was already enshrined in the recommendation on the organization of special schools of the Permanent Committee of Education Ministries of the Länder of the Federal Republic of Germany of 16 March 1972.

As part of joint educational planning between the Federal Government and the Länder the question of the integrated teaching of handicapped persons within the educational system is given particular prominence. The outline agreement on the coordinated preparation, implementation and academic control of pilot projects in education of 7 May 1971 organized by the Federal/Länder Committee for Educational Planning and Research has as one of its principal themes the education and integration of handicapped persons. Similarly, the general education plan of 15 March 1973 includes as one of its aims a far reaching integration or at least partial integration for the future development of the educational system.

The object of die Empfehlung is to harmonize legislation and promote uniform expension.

Specialist committees all over the country are preparing Empfehlungen (guidelines) on education in the individual forms of special school.

The training of special school teachers in the Federal Republic of Germany has been harmonized to the extent that mutual recognition of current education courses has been secured.

The relevant directive states that the basic principle of the special school is to assist pupils in their personal development and in social and vocational integration. It states that special-teaching methods and aids are to be employed to the necessary extent in ordinary schools. Some Länder allocate a number of 'support lessons' to ordinary classes. This is a special-educational arrangement that prevents and remedies menacing situations.

In general, the percentage distribution of handicapped pupils in relation to a normal section of pupils of equal age is as follows:

Blind	0.015%
Deaf	0.05 %
Mentally handicapped	0.5 %
Motor handicapped	0.2 %
Specific learning difficulties	4.0 %
Partially deaf	0.18 %
Partially sighted	0.10 %
Linguistic difficulties	0.5 %
Speech defects	1.0 %
Socially and emotionally handicapped	1.0 %

It is said that these percentages may vary according to such factors as the degree of local effort, understanding of the handicapped and research.

The distribution between groups of handicapped corresponds in general to international information. It is, however, noteworthy that the need for special school places is expected to increase in step with the increasing performance level of the ordinary school. It is added, however, that an effort must be made to reduce the number of pupils in special schools by teaching arrangements at nursery school age, action in connection with the introduction to schooling and differentiation in primary schools.

It is taken for granted that the term 'special school' is employed in general correspondence only where necessary.

Multi-handicapped pupils are referred to the special school in which they can develop to the best advantage. For smaller groups, country-wide or inter-regional schools are established, for example for those both deaf and blind.

The following figures for class quotas are given as a guide:

School for the blind	10 pupils
School for the deaf	8 pupils
School for the mentally handicapped	8 pupils
School for the motor-handicapped, depending on degree of handicap	6 to 10 pupils
School for pupils with learning difficulties	16 pupils
School for the partially deaf	10 pupils
School for the partially sighted	12 pupils
School for the language impaired	12 pupils
School for the socially and emotionally handicapped	12 pupils

No definite figures can be given for hospital education as this is a matter of individual and group education.

Compulsory education generally lasts for nine years. Normally, this is followed by a three-year course at a vocational training school. In some Länder, compulsory education is to be extended by one year for special groups of the handicapped.

Special-educational consultation is provided by cooperation between the school authority, the health and social welfare services and employment offices, with perhaps a school psychologist.

Acceptance is normally on the basis of an examination by an educational specialist at the special school concerned and by a school medical officer or specialist, perhaps the medical officer of health. If there are special reasons, the school psychologist may be asked to participate. The educational-psychological assessment is crucial. The medical officer of health has more of a consultant/supplementary function. The school authority takes the decision on acceptance.

Application for admittance into a special school or return to an ordinary school may be made by the parents or the school. The application should be submitted as early as possible, and it should be accompanied by as much information as possible. Before a recommendation, the parents must be given an opportunity to express an opinion on the proposal.

Children of compulsory school age who are found to be insufficiently mature for school may be admitted to the special school's kindergarten, or into the pre-school class in the case of a few groups of handicapped children.

Handicapped children not of compulsory school age who are in need of special preparation to be able to accept compulsory schooling are helped by preparatory arrangements.

As far as possible, handicapped children have access to vocational training schools and to the vocational and higher secondary schools (Oberschule). But they should also have an opportunity for phased vocational training, in which each phase gives a qualification at various levels. Offers of support apply to both ordinary and special classes in normal vocational training. For the severely handicapped, including the mentally retarded, some Länder are establishing special training courses and special workshops.

Supervision of special education is carried out by the school authorities, which may have consultants and committees to assist them.

It is being considered whether special school pupils can be integrated into ordinary schools, and if so to what extent integration can be effected. Discussion is concentrated particularly on the potential for differentiation and flexibility. For the time being, integration is a question of the numerical relationship between the handicapped and the non-handicapped, and the nature and degree of the handicap.

In 1973 the Educational Committee of the German Education Council, composed of academics and representatives of the education authorities, in its 'Recommendation on the education of handicapped children and those threatened with handicap' put forward a comprehensive plan for the education and integration of handicapped persons in all areas of education up to and including vocational training.

The comprehensive school has not yet found its proper form. It is therefore considered unrealistic at present to issue directives on the integration of the handicapped into these schools.

The following example from North-Rhine-Westphalia substantially covers the structure of the special school system in the Federal Republic of Germany. The survey of important laws and ordinances is in no way representative.

Laws and Ordinances

Bavaria: Sonderschulgesetz of 26 June 1965, amended 15 June 1972.

Berlin: Regulations on education in special schools in Berlin, 24 January 1924.

1945 Reconstruction of the special school systems.

1970 Cooperation between primary school and special school. Independent schools for the mentally handicapped.

19 March 1975 Berlin School Law, Sec. 6. Special schools.

4 July 1973 Official Leaflet for Berlin's schools: Directive on the arrangements for special schools.

Bremen: 18 February 1975, the Bremen School Law (Bremensches Schulgesetz).

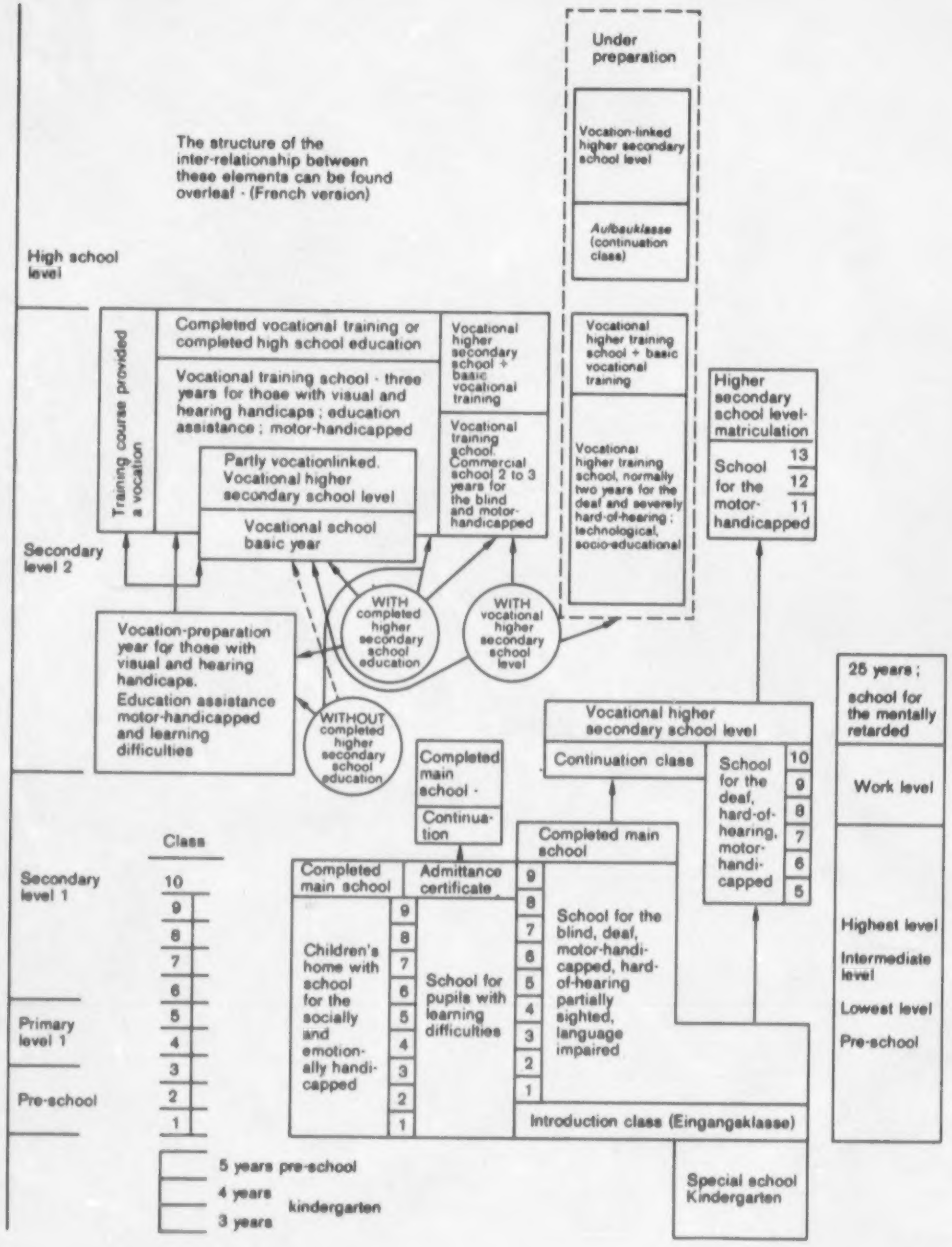
20 July 1976, Ordinance on the conditions of acceptance into special schools in Bremen (Verordnung über die Voraussetzungen für den Besuch einer Sonderschule im Lande Bremen).

Hamburg: School Law amended 17 October 1977.

Hesse: 30 May 1959, the Hesse School Law, last amended 14 July 1977 (Verwaltungsvorschriften zum Hessischen Schulpflichtgesetz 30. März 1976).

Nordrhein - Westphalia

The special school system



The structure of the inter-relationship between these elements can be found overleaf - (French version)

Under preparation
Vocation-linked higher secondary school level
Aufbauklasse (continuation class)
Vocational higher training school + basic vocational training
Vocational higher training school, normally two years for the deaf and severely hard-of-hearing ; technological, socio-educational
High school level
Training course provided a vocation
Completed vocational training or completed high school education
Vocational training school - three years for those with visual and hearing handicaps ; education assistance ; motor-handicapped
Vocational higher secondary school + basic vocational training
Vocational training school. Commercial school 2 to 3 years for the blind and motor-handicapped
Partly vocationlinked. Vocational higher secondary school level
Vocational school basic year
Higher secondary school level-matriculation
School for the motor-handicapped
13
12
11
Secondary level 2
Vocation-preparation year for those with visual and hearing handicaps. Education assistance motor-handicapped and learning difficulties
WITH completed higher secondary school education
WITH vocational higher secondary school level
WITHOUT completed higher secondary school education
25 years ; school for the mentally retarded
Work level
Highest level
Intermediate level
Lowest level
Pre-school
Vocational higher secondary school level
Continuation class
School for the deaf, hard-of-hearing, motor-handi-capped
10
9
8
7
6
5
Completed main school -
Continua-tion
Completed main school
Class
Secondary level 1
Primary level 1
Pre-school
10
9
8
7
6
5
4
3
2
1
Completed main school
Admittance certificate
Children's home with school for the socially and emotion-ally handi-capped
School for pupils with learning difficulties
School for the blind, deaf, motor-handi-capped, hard-of-hearing partially sighted, language impaired
Introduction class (Eingangsklasse)
5 years pre-school
4 years
3 years
kindergarten
Special school Kindergarten

Lower Saxony: 1975 Lower Saxony School Law.

1977 Ordinance on acceptance into and reference to special schools and special education.

North-Rhine-Westphalia: 29 April 1975 Law on compulsory schooling and school administration.

Circulars of 1965, 1967 and 1969 on procedure for acceptance into special schools and transition to ordinary schools.

Saarland: 27 March 1974: School Law. 2 August 1974, Law on compulsory school age, with implementing ordinance and administrative regulation of 1 March 1974.

The Federal Republic's laws on social assistance for the severely handicapped.

Schleswig-Holstein: 1971: School Administration Law. 1955 Law on compulsory school age.

1970: Gesetz über Sonderschulung.

List of addresses

- Baden-Württemberg

Bruno Prändl, Regierungsdirektor, Kultusministerium Baden-Württemberg, Neues
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Köppel, Ministerialrat, Bayrisches Staatsministerium für Unterricht und Kultus, Salvatorstraße 2, 8000 München
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  - Senator für Bildung, Rembertiring 8-12, 2800 Bremen 1
  - Magistrat der Stadt Bremerhaven - Schulamt - Hinrich-Schmalfeldt-Str., 2850 Bremerhaven
  - Senator für soziales, Jugend und Sport, Bahnhofplatz 29, 2800 Bremen
  - Senator für Wissenschaft und Kunst, Katharinenstr. 12-14, 2800 Bremen

(2) Training/Further Education
  - Universität Bremen, Bibliothekstraße, 2800 Bremen 33

- Landesamt für Schulpraxis und Lehrerprüfungen, Faulenstr. 26, 2800 Bremen
- Wissenschaftliches Institut für Schulpraxis, Faulenstr. 26, 2800 Bremen

(3) Counselling Offices
- Beratungsstelle für Kinder, Jugendliche und Eltern (Erziehungsberatungsstelle), Graf-Moltke-Str. 49, 2800 Bremen
- Schulpsychologischer Dienst und Schullaufbahnberatung, Am Dobben 18, 2800 Bremen

(4) Federations
- Verband Deutscher Sonderschulen e.V. - Landesverband Bremen, Hinrich-Ahrncke-Str. 12, 2820 Bremen 70
- Verein zur gemeinnützigen Förderung der Sonderschüler Bremen e.V., Karl-Lerbs-Str. 17, 2800 Bremen
- Vereinigung 'Lebenshilfe für das geistigbehinderte Kind' e.V., Gröpelinger Heerstr. 147, 2800 Bremen
- Spastikerhilfe Bremen e.V., Osterholzer Heerstr. 85, 2800 Bremen
- Reichsbund Berufsbildungswerk für schulentlassene Behinderte, Hollerallee 26, 2800 Bremen
- 'Hilfe für das autistische Kind' Bremen e.V., Bütower Straße 19, 2800 Bremen
- Gesellschaft Erziehung und Wissenschaft, Landesverband Bremen e.V., Löningstr. 35, 2800 Bremen

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- Hessisches Kultusministerium

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- Der Niedersächsische Kultusminister Thies, Ministerialrat, Am Schiffgraben 12, 3000 Hannover, Tel. (0511)1908501

- Nordrhein-Westfalen

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- Rheinland-Pfalz

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- Saarland

Regierungsschuldirektor, Ministerium für Kultus, Bildung und Sport, Saaruferstraße 32, 6600 Saarbrücken, Tel. (0681)503205

- Schleswig-Holstein

Kultusministerium, Regierungsschuldirektor, 2300 Kiel, Tel. (0431)5962632

FRANCE

The first private institutions for the handicapped were established in Paris, where a school for the deaf was opened in 1760 and a school for the blind in 1764.

The laws and regulations on compulsory school age and a statutory regulation on public free education (1881-1886) led the State to establish public schools in hospitals that received children and in children's homes.

In 1909, a statutory regulation have powers to establish special classes for backward pupils in ordinary schools, special schools for each department or municipal schools and medico-educational committees to examine backward pupils for these classes or schools.

In 1922, 'open-air schools' were established for delicate children.

In 1945, it became possible under the Law on Social Security to establish and run with health insurance funds specialized institutions referred to as medico-educational.

In 1951, a law authorized the Minister of Education to establish schools for the handicapped.

In 1965, a systematic structure of special education and continued vocational training for the handicapped was started in institutions, following school education.

In 1970, school psychologists were attached to the team, with the special task of conducting preventive and rehabilitation work.

A Law on Special Education for the Handicapped was adopted on 30 June 1975 and a Law Reforming Education on 11 July 1975.

Examination and educational guidance falls in part to the Ministry of Education and in part to the Ministry of Health. The guiding principle in this cooperation may be seen as the child's overall situation and the founding of all decisions in education and treatment upon work carried out by an interdisciplinary group.

Not only in theory but equally in practice, the medical profession uses its right to veto (the limit of which is difficult to define) in exceptional cases.

The two Ministries are equally represented in the Département Committees for Special Education. These Committees play an important part through their consultative activities.

Special education for young criminals falls under the Ministry of Justice.

Coordination of these measures is obtained by meetings at national level held by the inter-ministerial committee representing the administration engaged in the problems of the handicapped and the national advisory committee, which for its part represents the association.

Special priority has been given to research into material for special education. Two organizations in particular are responsible in this field:

(a) The National Centre for Technology, which is engaged in investigations into handicaps and problems of integration;

(b) A service for Research into Special Education and School Integration, which concentrates on special education and its educational and psychological aspects. The service for research is a public organization dependant on the Ministry of Education and integrated into the INRP.[1]

The Centre for Technology is private and falls under the Ministry of Health. It has an annual budget of about FF 3.5 million. The Centre for Research is public and falls under the Ministry of Education. It has a budget of about FF 1.5 million.

The main areas of work may be listed under three classic headings: normalization, integration, flexibility within the system.

To encourage integration, a number of arrangements have been initiated:

(a) information to the public, parents and teachers;

(b) structural alterations to enable the motor-handicapped to enter public buildings without difficulty;

(c) introduction of special-educational support in ordinary schools: psychological-educational group to assist pupils with learning difficulties; special teachers who as mobile teachers help pupils with sensory handicaps; medico-psychological-educational centres to assist the severely handicapped;

(d) establishment of clinic education;

(e) establishment of medico-social centres for preventive work with a view to assisting children from an early age (from birth) and their families.

To encourage the desired flexibility within the system as a whole, the law of 30 June 1975 introduced a number of innovations:

(i) the examining authorities (Committees for Special Education) must follow the development of the children placed at the Committees' advice, and must discuss with the family any decisions that may be desirable for the development of the individual child.

(ii) uniformity in financial support (transport, technological aids, treatment) and in the grant scheme so that handicapped pupils integrated into a normal class receive support corresponding to that provided for pupils in special schools.

(iii) establishment of each Ministry's area of responsibility.

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[1] 2 organizations for pedagogical research, dependant on the Ministry of Education, were created in 1970 instead of the old INP.
- National Institute for Pedagogical Research (INRP)
- French office for Modern Technical Education (OFRATEME)

The Ministry of Education is to be responsible for special education for all handicapped, whatever the type of school concerned.

In all cases the Ministry of Health shall be responsible for medical matters and for treatment.

The effect of these measures will penetrate gradually, and it is hoped, on the basis of experience already gained in this field, that the essential changes will be felt not only by the special education system itself but by the entire education system.

List of addresses

1. Administration

Couanau, Directeur des Ecoles)
Labregere, Chargé de Mission pour l'éducation spécialisée)
Barrouquere, Chef de la Division de l'éducation spécialisée)

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75357 Paris

Research

Mme Stamback, INRP, 31 rue d'Ulm, 75230 Paris Cedex 02.

M. René Zazzo, Université de Nanterre, 92000 Nanterre.

Education

M. Audigier, Inspecteur Général de l'Instruction Publique, 110, rue de Grenelle, 75357 Paris

M. Toraille, Inspecteur Général de l'Instruction Publique, 110, rue de Grenelle, 75357 Paris

M. Mouchon, Directeur, Centre National d'Etudes et de Formation pour l'Enfance Inadaptée, 58, Avenue des Landes, 92150 Suresnes

M. Clisant, Directeur, Centre National d'Etudes et de Formation pour l'adaptation scolaire et l'Education spéciale, Avenue du Président Wilson, 95260 Beaumont-sur-Oise

2. Associations

Association pour le logement des grands infirmes (ALGI), 4, rue Faradan, 75017 Paris, Tel. 2888457

Association nationale des communautés d'enfants (ANCE), 145, bd. Magenta, 75004 Paris, Tel. 8781330

Association pour le placement et l'aide aux jeunes handicapés (APAJH), 20, rue Ferrus, 75014 Paris, Tel. 3362330

Comité national français de liaison pour la réadaptation des handicapés (CHFLRH), 38, bd. Raspail, 75001 Paris, Tel. 5489013

Confédération générale des aveugles, sourds, grands infirmes et personnes âgées, 13, rue Blaise-Pascal, 78800 Houilles

Fédération générale des associations départementales des pupilles de l'enseignement public (PEP), 48, rue d'Hauteville, 75010 Paris, Tel. 5232020

Fédération nationale des malades, infirmes et paralysés (FNMIP), 54, bd. Garibaldi, 75015 Paris, Tel. 7344835

Fondation santé des étudiants de France, 8, rue Emile-Deutsch de la Meurthe, 75663 Paris, Cedex 16, Tel. 5894339

Ligue pour l'adaptation du diminué physique au travail (ADAPT), 185, bis rue Ordener, 75018 Paris, Tel. 1765999

Associations for the motor handicapped

Association nationale des infirmes cérébraux, 33, rue Blanche, 75009 Paris, Tel. 8743333

Association nationale des polios de France, 23, rue de la Cerisaie, 75004 Paris, Tel. 2722500

Association des paralysés de France (APF), 17 à 21, bd. Auguste-Blanqui, 75013 Paris, Tel. 5808240

Centre de paralysés étudiants (CPE), 38, rue Brillat-Savarin, 75013 Paris, Tel. 5885406

Comité national de la sclérose en plaques, 17 à 21, bd. Auguste-Blanqui, 75013 Paris

Union des myopathes de France, 3, rue Camille-Tahan, 75018 Paris, Tel. 5223916

Associations for the visually handicapped

Amitié des aveugles de France, 58, avenue Bosquet, 75007 Paris, Tel. 7054057

Association nationale des parents d'enfants aveugles (ANPEA), 74, rue de Sèvres, 75007 Paris, Tel. 5677568

Association "Pour nos aveugles", Domaine des Ombrages, 78160 Marly-le-Roy

Association Valentin Haüy, 5, rue Duroc, 75007 Paris, Tel. 7340790

Comité national pour la promotion sociale des aveugles, 49, rue Blanche, 75009 Paris, Tel. 8745618

Croisade des aveugles, 15, rue Mayer, 75007 Paris, Tel. 7349732

Fédération nationale des associations de parents d'enfants déficients visuels (FNAPEDV), 28, place St.-Georges, 75009 Paris, Tel. 8788200

Associations for those with hearing defects

Association nationale des parents d'enfants déficients auditifs (ANPEDA), 37-39, rue Saint-Sébastien, 75011 Paris

Fédération nationale des associations de sourds en France, 20, rue Thérèse, 75001 Paris, Tel. 2659580

Ligue contre la surdité, 57, rue Caulaincourt, 75018 Paris, Tel. 2547645

Associations for other physical handicaps

Aide aux cardiaques, Hôpital Beaujon, bd. Lorraine, 92110 Clichy, Tel. 7373210

Association amicale des cardiaques, 17, rue des Trois-Bornes, 75011 Paris

Association nationale des cardiaques congénitaux, Maison de la Famille, 8, rue Kervegan, 44000 Nantes, Tel. 714312

Société d'études et de soins pour les enfants atteints de rhumatisme articulaire aigu et de cardiopathie, 101, rue de Miromesnil, 75008 Paris, Tel. 5221744

Association for haemophilics

Association française des hémophiles, 6, rue Alexandre-Cabanel, 75015 Paris, Tel. 5668041

Assocations for diabetics

Aide aux jeunes diabétiques, 12, rue Sarette, 75014 Paris, Tel. 5886151

Association française des diabétiques, 5 ter, rue d'Alésia, 75014 Paris, Tel. 5822990

Ligue des diabétiques de France, 76, rue de Rennes, 75006 Paris

Association for epileptics

Ligue française contre l'épilepsie, 300 bd. Ste-Marguerite, 13009 Marseille

Associations for the physically handicapped

Comité d'études et de soins aux arriérés profonds (CESAP), 81, rue Saint-Lazare, 25009 Paris, Tel. 2850804

Union nationale des associations de parents d'enfants inadaptés (UNAPEI), 28, place St-Georges, 75009 Paris, Tel. 2854937

Associations for the socio-emotionally handicapped

Association française de sauvegarde de l'enfance et de l'adolescence (AFSEA),
28, place St-Georges, 75009 Paris

Association pour la rééducation des dyslexiques (ARED), 45, rue Gabriel-Péri,
92, Fontenay-aux-Roses

Association des rééducateurs du langage oral et écrit, 10, rue de l'Arrivée,
75006 Paris

Association au service des inadeptés ayant des troubles de la personnalité
(ASITP), 26, rue Paul-Rivet, 92350 Le Plessis-Robinson,
Tel. 3504376

Groupe d'études et de recherches des rééducateurs de l'éducation nationale
(GERREN), 8, rue Berthelot, 92120 Montrouge

Fédération des sociétés de Croix-Marine, 59, rue de Chateaudun, 63 Clermont-Ferrand, Tel. 912611

Union nationale des associations de familles de malades mentaux (UNAFAM),
11, rue Tronchet, 75008 Paris, Tel. 2650760

Associations for the socially handicapped

Accueil et promotion (migrants), 25, rue de la Villette, 75019 Paris,
Tel. 6079207

Aide à toute détresse (migrants, habitants de bidonvilles...), 125, rue du
Général-Leclerc, 95480 Pierrelaye, Tel. 4641111

Amicale pour l'Enseignement des étrangers (migrants), 32, rue de Penthièvre,
75009 Paris, Tel. 2253124

Comité inter-mouvement auprès des évacués (détenus et réfugiés) (CIMADE),
176, rue de Grenelle, 75007 Paris, Tel. 7059399

Croix-Rouge (immigrés, détenus...), 17, rue Quentin-Bauchard, 75002 Paris,
Tel. 3595041

Oeuvre de la visite des détenus dans les prisons, 5, rue du Pré-aux-Clercs,
75007 Paris

Fédération nationale des centres de propagande contre le taudis (PACT),
4, Plan de Venetie, 75013 Paris, Tel. 5898021

Secours populaire français, 9, rue Froissard, 75011 Paris, Tel. 2724911

Federation of organizations for the handicapped

Comité de liaison et d'action des parents d'enfants atteints de handicaps
associés (CLAPEHA), 17, bd. Auguste-Blanqui, 75013 Paris,
Tel. 6063905

IRELAND

The first schools for the handicapped were established in Ireland in the middle of the 19th century. These were schools for blind and deaf children.

The initiative came from church circles, and the schools had religious as well as humane objectives. The churches paid for their establishment and operation.

In 1918 the first of these schools was transferred to the State school system. Reforms in education and care of the mentally sick accelerated in the 1950s, and for the emotionally and socially handicapped in the 1960s.

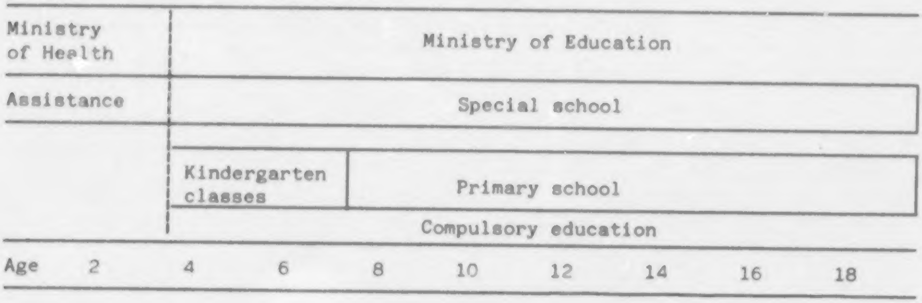
The Irish Constitution lays down that the first and natural educator of the child is the family, and the State guarantees respect for the parents' inalienable right and obligation to provide for the religious, moral, intellectual, physical and social education of their children in accordance with their ability.

The State undertakes to provide free primary school education, to support private initiative and, with a view to the welfare of society, to provide other opportunities for education and other institutions, in all cases giving maximum consideration to the rights of the parents.

These State arrangements are also made available to handicapped children. At primary level, most of the schools are denominational in character with the local Church Authorities as 'patrons'. In the case of special schools, a voluntary body concerned with the particular handicap may act as 'patron'. Day-to-day management of the school is in the hands of a local school board, with representatives of the Churches or voluntary body, parents and teachers. The Church Authority or voluntary body ('patron') and the school board form the only responsible link between the Ministry of Education and the individual school. The schools are referred to as national schools. All schools have freedom of method and receive equal support from the State irrespective of the denomination. The State, therefore, pays teachers' salaries in full. Investment in school buildings and operating costs are assisted by large State subsidies supplemented by local contributions.

Education is compulsory in Ireland between the ages of six and fifteen, but children may be accepted into national schools at the age of four.

The structure of the schools is as follows:



Special measures for handicapped children are provided within the normal education system: handicapped children may be accepted in special schools when they have reached the age of four. They may remain in these schools until the age of eighteen and receive education appropriate to their age and ability. A significant number of mildly handicapped children are educated in special classes in ordinary schools. Visiting teacher services enable many hearing-impaired and visually impaired children to be educated in ordinary classes. Special education is to a limited extent provided in ordinary schools at the 'secondary' level. Children from sparsely populated areas outside the towns often have to travel large distances to reach a suitable special school. An extensive school transport system has therefore been provided. The cost of this is met by the State.

A large number of private associations participate in the work of providing optimum arrangements for the handicapped, and in this they cooperate with church and State. Apart from participating in special schools, they are also actively interested in the provision of pre-school clinics, day nurseries for the severely retarded, and weekly-boarding houses where the distance between home and school or the protected workshop is too high for daily travel. The health authority covers all expenses not relating to education. It also pays for special aids in the schools, but not teaching materials. The health authority pays for speech therapy and physiotherapy.

In addition to the education offered on a full-time basis, many children receive education in a smaller number of weekly lessons while in hospital, at guidance clinics and at ability-testing centres, or in the form of home education.

In those cases where the handicap is detected in early infancy, it is usually the general practitioner who refers the child for further assessment to a multi-disciplinary team which may include a psychologist, a psychiatrist, an ophthalmic surgeon and otologist. If handicap is detected at a later stage the recommendation for further assessment may come from the child's teacher or from the school medical officer. Parental consent is necessary both for assessment and for special educational placement.

The health authorities also ensure that clinico-psychological examination as well as medical and para-medical examination are available. The teachers can obtain general psychological guidance from the Ministry of Education's psychologist service, but for the time being this is reserved for the level following the primary school.

With a view to optimum coordination of education and treatment arrangements for the handicapped, there are monthly meetings with representatives of the Ministry of Education's Department for Special Education and the Ministry of Health. There are also regional committees which coordinate the two Ministerial Departments' facilities with the private institutions' facilities.

Inspectors of Schools who have a qualification in special education act as consultants both to the Ministry and to the schools. The Ministry supervises the schools' work by preparing curriculum guide-lines in consultation with the teacher, by establishing qualification requirements for teachers and by assessing teaching ability.

The average number of pupils per class in primary schools is 32. Special classes have from 16 pupils in classes for slow learners down to six pupils in classes for the deaf. The average number of pupils per class in all special schools is 11.

Teachers in special schools and special classes must have completed teacher training as their basic training, which is for at least three years at a teachers' training college or university. This teacher training is supplemented by one year's further training in special education. Continuation courses are held every year for about 100 teachers, and several shorter courses within the various handicap fields are also held.

Future plans relate in particular to an extension of educational facilities for, among others, slow learners, socially handicapped, the delinquent and the multi-handicapped. More facilities are also needed in further education and in channelling-out from special education to occupations.

List of addresses

Michael Moore, asst. Chief Inspector, Department of Education, Marlborough Street, Dublin 1

Patrick McGee, Director of Special Education, St. Patricks Training College, Drumcondra, Dublin 9

Dr. J. Robins, Principal Officer, Department of Health, Hawkins House, Dublin 2

The National Association for the Mentally Handicapped of Ireland, 5 Fitzwilliam Place, Dublin 2

The Irish Association for Spina Bifida and Hydrocephalus, Joseph Plunkett Tower, Ballymun, Dublin 11

The National Council for the Blind in Ireland, Armitage House, 10 Lower Hatch Street, Dublin 2

The National Association for the Deaf, 25 Lower Lesson Street, Dublin 2

The National Association for Cerebral Palsy, Sandymount Clinic, Sandymount Avenue, Dublin 4.

ITALY

Italy officially commenced education for the handicapped in the 1920s. Special education was not, however, extended to cover children other than the mentally handicapped until 1962.

There are state institutions for blind, deaf and maladjusted children, but the majority of special schools are private institutions, frequently Catholic.

Parents who can themselves find the money for the care and education of their handicapped children do not normally send them to the institutions that accept pupils free of charge. If this does occur in exceptional cases, part-payment can be claimed from the parents.

The cost of the treatment itself is borne jointly by the Ministry of Health and the local authorities. The Ministry of Education participates only in the cost of education.

For organization purposes, Italy is divided into regions, which are in turn divided into provinces. Each province has its school board and a consultative committee for assessing the need for special-teaching assistance.

The Ministry of Education has directorates for primary education (five years) and secondary education (three years) respectively.

No definite form of previous training is required for teaching in the elementary stage of the primary school, but an Ordinance on this is under preparation. It is expected that training will become a matter for the universities. Teachers at the secondary stage of the primary schools are university trained. There is at present no special-teacher training outside the special schools concerned. A two-year course in special-teaching at university level is, however, under preparation.

Speech therapists are trained in the medical sector. This is a three-year course at university and hospital.

While the number of pupils in ordinary classes is limited to 25, the standard for special classes is six. There may not be less than four or more than eight pupils.

There is an increasing wish among the population to integrate handicapped children into ordinary schools, and with a view to this there may be a reduction in the number of pupils in the ordinary class. As a guide, it is laid down that there should be not more than two handicapped pupils in a normal class, and that an integration class should not have more than 20 pupils.

It is expected that future revision of school legislation will adopt provisions for special education in general, but apart from arrangements for those severely handicapped in vision and hearing the initiative has until now been left to local authorities and charitable institutions. Availability varies from province to province.

Parents elect representatives to the board of each school, but there is still a long way to go before the social and educational problems of the handicapped child will have been solved.

LUXEMBOURG

In 1900 an Ordinance was issued on the establishment of an institute for the training and education of the blind. This Ordinance was replaced in 1923 by a law on compulsory education for the blind and the deaf and dumb.

The first private institution for the education of the handicapped was established in 1928 following agreement between the state and the Order of Saint Elisabeth.

In 1963 the law on nursery-school and primary education was amended. The new law reformed the education of slow learners.

In 1968 a centre for logopaedics and for audiometric and orthophonic assistance was established.

In 1973 a law on the establishment of institutes and special services for differentiated education was introduced.

The general school system rests upon laws of 1912 and 1963.

Education is compulsory from the 5th to the 15th year. It can be extended to the 21st year for the handicapped, and if necessary longer. The only exceptions are certain categories of sick children.

The average number of pupils in ordinary school classes is 18 to 25. Classes for slow learners, partially hearing and partially sighted children and children with specific learning difficulties have an average of 12 pupils. Classes for the mentally retarded, the maladjusted, the deaf, blind and motor handicapped have seven in class.

Parents must formally apply for acceptance of a child for special education, but others - for example the school - can recommend.

The parents' consent must always be obtained for special education, and their decision can be set aside only by the juvenile court.

As concerns slow learners, advice is available from the local school committees and the local medico-psycho-teaching councils. Final authority, however, rests with the Minister of Education, and is exercised through the education directors. The directorates are advised by the State education council, the primary school inspectors and the central medico-psycho-teaching council (MPP). Parents are represented on the State education council and on the local school committees.

The chairman of the national MPP council is the chief inspector of primary schools. A planned reconstruction will provide for the director of special education to act as deputy chairman, the members being representatives of the Ministry of Health and the Ministry of Family Affairs, the head of the logopaedic centre, a psychiatrist, a pediatrician, a psychologist, a social adviser, a special teacher, a school doctor, a primary school inspector and perhaps a judge.

At present, a local MPP council has the following members: primary school inspector (chairman), a special teacher, a school doctor, a psychologist, a psychiatrist and a social adviser.

All forms of education come under the Ministry of Education. The director of special education is responsible for matters concerning the education of the handicapped, including research assignments. The latter are primarily the field of the Institut Pédagogique (teacher-training college).

About 70 teachers are trained for ordinary schools each year. Training is for two years. Teachers in special education supplement their teacher training by a further one-year course. Depending upon the need, three to eight special teachers are trained annually. Training abroad is also available.

Two private, although State-controlled, federations have established a medico-vocational training centre for the young handicapped. This centre receives a State subsidy of up to 90% and legal assistance from the Ministry of Education.

One large and two smaller boarding schools for mentally retarded children are supported by the Ministry of Family Affairs, although the Ministry of Education is responsible for teaching supervision. Parents and the borough of residence participate in covering costs.

Luyembourg makes use, to some extent, of foreign institutions for assistance in special-teaching problems in areas where, because of the size of its population, the country cannot develop the necessary expertise. In this manner, Luxembourg has assembled experience from which every EEC Member State could benefit, i.e. unusual educational problems, special-teaching education, research and the manufacture of aids.

Important laws and ordinances

Loi du 14 février 1900 concernant la création d'un établissement pour l'instruction et l'éducation des aveugles.

Loi du 10 août 1912 concernant l'organisation de l'enseignement primaire.

Loi du 7 août 1923 ayant pour objet de rendre obligatoire l'instruction des aveugles et des sourds-muets (blind, partially sighted, speech defects, deaf, partially hearing)

Loi du 5 août 1963 portant réforme de l'éducation préscolaire et de l'enseignement primaire (slow learners)

The law of 5 August 1963 (cf. III, 1) furthered a 'Réglement grand-ducal du 6 février 1965 portant organisation des classes complémentaires et spéciales et institutions de commissions médico-psycho-pédagogiques'.

Loi du 5 août 1968 portant création d'un Centre de logopédie et de services audiométrique et orthophonique (speech defects, deaf, partially hearing).

Loi du 14 mars 1973 portant création d'instituts et de services d'éducation différenciée.

List of addresses

Director Roger Linster, Ministry of Education, Special Education Section,
6, Boulevard Royal, Luxembourg.

THE NETHERLANDS

Welfare for handicapped children dates back to 1790, when a school for the deaf and dumb was established at Groningen (Royal Institution for the Deaf and Dumb). The first Catholic and Protestant institutions for the handicapped were established in 1840 and 1888 respectively.

In 1808 an undenominational institution for blind children was set up, and in 1882 another for motor handicapped children.

The first day nursery for the mentally sick was brought into use in 1898. Five years earlier a 24-hour institution had been opened for mentally sick children.

The Primary School Law of 1920 (Lager onderwijswet) includes provisions on special education, and in 1923 schools for the deaf and dumb, blind, mentally retarded and those with hearing handicaps were classified as special schools. In 1930 schools for the psychopathic and motor handicapped were added to these.

The ordinance on special education in 1949 (Besluit buitengewoon lager onderwijs) divides pupils in special education into 14 categories, covering children with organic, mental and sensory handicaps. Added to these are four categories of those who, without being actually handicapped, are in need of special arrangements because they are without regular schooling, their parents having no fixed address (living on boats or in caravans).

In 1967 a Royal Ordinance was issued which, like the 1949 Ordinance, was based on the School Law of 1920. This adds a further four categories to the sixteen already in existence. Further, the chance is given of extending special education. Special schools are often private, but are financed by the State.

Compulsory schooling commences when the child is aged six and continues until he is 16 or has completed nine years at school. Special education can continue longer than this. It is normal for the handicapped to go to school until the age of 17, and the mentally sick generally to the age of 18. It is possible for them to continue to the age of 20.

There are also opportunities for educating the handicapped between the ages of three and six.

Placing in a special school is not compulsory. It is for the parents to make the final decision on this.

The Netherlands have no specific requirements relating to special education for teachers of special classes, but those concerned must be qualified to teach in primary schools. There are many courses for the further education of teachers for the handicapped at special schools.

Teachers in special education receive higher salaries than teachers in primary schools.

The cost of special education is met by the State, but, if they can, parents must meet the cost of transport and board and lodging. However, the local authorities will if necessary cover these expenses also.

The Education Inspectorate for Special Education, which is divided into 12 inspectorates, supervises education for the handicapped.

The majority of special schools are day schools. Boarding schools for the handicapped are often associated with institutions.

The following are among the relevant laws and ordinances:

The Working Incapacity Insurance Act, 1966 (WAO).

The General Working Incapacity Act, 1975 (AAW).

The Sick Pay Insurance Act, 1913 (ZW).

The General Special Sickness Expenses Act, 1967 (AWBZ).

The Social Services Provincial Act, 1975 (VWND).

Public Assistance Act, 1963 (AW).

The Health Insurance Fund Act, 1964 (ZWF).

List of addresses

Directie BO/SP, Ministerie van Onderwijs, Nieuwe Uitleg 1, The Hague
(Ministry of Education, Special Education)

Hoofddirectie BO/BOP, Ministerie van Onderwijs en Wetenschappen, Nieuwe Uitleg 1, The Hague
(Ministry of Education, Planning Section)

Hoofd Inspecteur van het Buitengewoon Onderwijs, Laan van Vollenhove 3227,
(P.O. Box 1004), Zeist

Ministerie van Cultuur Recreatie en Maatschappelijk werk, Steenwoordelaan 370,
Rijswijk
(Ministry of Social Affairs)

Organizations

NFO Verband Buo, NC Verloopweg 26 b, Leersum
(Federation of Teachers' Organizations)

Vier Bonden Konkakt, Oosteinde 114, Voorburg
(Federation of Organizations for Public and Private School Authorities)

Nederlandse Vereniging voor Revalidatie, Eisenhowerlaan 42, The Hague
(Federation of Organizations for Rehabilitation)

Nederlandse Organisatie Zwakzinnigenzorg, Venkenburgstraat 26, Utrecht
(Federation of Organizations for Support of the Mentally Retarded)

Landelijke Vereniging van ouders van kindern met leer en opvoedingsmoeilijkheden, Ansbalduslaan 50, Waalre
(National Association of Parents of Children in Special Education)

Federatie van vertegenwoordigers van ouders van slechthorende end spraakgebrekkige kinderen, Horstlaan 70, Almelo
(Parents' Association for Children with Hearing and Speech Handicaps)

Vereniging tot Bevordering van het onderwijs aan slechthorende en spraakgebrekkige kindern, Langstraat 103, Gendt
(Association for the Promotion of Education for Children with Severe Language Difficulties)

Teaching centres

Algemeen Pedagogisch Studiecentrum, Buitenveldertseelaan 106, Amsterdam

Katholiek Pedagogisch Centrum, Oranje Nassaulaan 6, 's - Hertogenbosch

Christelijk Pedagogisch Studiecentrum, PO Box 30, Hoevelaken

Landelijke, Stichting ter Behartigung van de Belangen van autistische kindern en hun ouders, Kemphaanstraat 5, Velp
(Institute for the Promotion of the Interests of Autistic Children)

Verenigung Spierdystrofie Nederland, Rutijer van Rozenburglaan 4, Baarn
(Organization for the Assistance of Children with Muscular Atrophy)

Teaching Institutes

Stichting Het Pedologisch Instituut, Vossusstraat 56, Amsterdam

Stichting Orthopedagogisch Instituut 'Noord Nederland', Hooiweg 122, Paterswolde

Instituut voor Remedial Teaching, Goudslaan I, Groningen

RK Pedologisch Instituut, Hengstdal 3, Ubbergen

St. Josef Stichting, Henric Spieghelstraat 2, 's - Hertogenbosch

Teaching institutions associated with universities

Vakgroep Orthopedagogiek, Trans 14 en 12, Utrecht

GU Amsterdam, Pedagogisch didactisch instituut, Prinsengracht 225 en 227, Amsterdam

Orthopedagogisch instituut, Vielingenstraat 26, Amsterdam

VU Amsterdam, Pedagogische sub vakgroep, Caressenstraat 142, Amsterdam

Rijksuniversiteit Leiden, Pedagogisch instituut (vakgroep orthopedagogiek), Stationsplein 10, Leiden

Rijksuniversiteit Groningen, Orthopedagogisch instituut, Grote Rozenstraat 25, Groningen

Instituut Algemene Pedagogiek, Westhaven 16, Groningen

Rijksuniversiteit Nijmegen (RK), Pedagogisch en Orthopedagogisch instituut, Erasmuslaan 40, Nijmegen

ENGLAND AND WALES

Schools for handicapped children, principally the blind and deaf, were originally established by private enterprise. They stemmed from the philanthropic movements of the late 18th and 19th centuries. The development of provision of special education by public authorities took place substantially in the present century and until 1944 was conceived as something separate from ordinary education.

The Elementary Education Act 1870 established local school boards to provide elementary education in those areas where there were insufficient places in voluntary schools, but made no reference to the education of handicapped pupils. Only a small minority of boards made such provision. Following the report of a Royal Commission, the Elementary Education (Blind and Deaf Children) Act 1893 required the school boards to provide for the education of blind and deaf children in their areas up to the age of 16; and the Elementary Education (Defective and Epileptic Children) Act 1899 empowered the boards to provide similarly for the education in special schools or classes of mentally and physically defective and epileptic children up to the age of 16 who were judged to be capable of receiving instruction. Subsequent Acts of 1914 and 1918 converted this power into a duty imposed upon local education authorities (the elected councils of counties and large towns, which replaced the school boards in 1902.

These arrangements continued more or less unchanged until the Education Act 1944. This Act recast the system of publicly provided education. Three stages were defined; primary (including nursery) education, secondary education and further education. Local education authorities (LEAs) were given the duty to secure the provision of a sufficiency of primary and secondary schools in their area and to secure the regular attendance of all pupils for whom satisfactory arrangements were not otherwise being made by their parents. Compulsory education extended from ages five to 15, with provision for its eventual extension to 16. (Prior to 1944 only blind or deaf children were required to be educated from the age of five: for other handicapped children compulsory education began at the age of seven. Now, in common with other children, compulsory education for all handicapped children was to start at age five. The upper age of compulsory education continued to be 16 for handicapped children, although it did not apply to ordinary education until 1972.) Nursery education covered the age range two to five. LEAs were required to draw up plans for the future development of primary and secondary education as defined.

The Act incorporated a number of major changes in relation to the education of handicapped pupils. Earlier enactments had treated their education as a separate form of provision, but now special education was seen as an integral part of LEAs' general arrangements for the provision of schools. Accordingly special educational provision was to be included in LEAs' plans for the development of primary and secondary education.

Other important changes under the 1944 Act affecting special education were:

(i) LEAs were given the specific duty to ascertain which children in their area required special education and to provide it;

(ii) the Minister of Education was required to define the categories of handicapped pupils for whom special provision must be made. (Ten categories are currently so defined: blind, partially sighted, deaf, partially hearing, delicate, educationally sub-normal, epileptic, maladjusted and physically handicapped pupils and those with defective speech);

(iii) pupils with serious disabilities were to be educated in special schools wherever practicable, but those with less serious disabilities might be educated in ordinary schools (not necessarily in special classes);

(iv) for the purposes of ascertainment LEAs were empowered to require parents to submit their children for medical examination, subject to a lower age limit of two years, and parents had the right to request that their child be so examined;

(v) regulations were to be made governing the conduct of special schools (both those maintained by LEAs and those provided by voluntary bodies - non-maintained); and

(vi) LEAs were empowered to provide education otherwise than at school (e.g. at home) for any pupil unable to attend a suitable school.

In recent years there have been two further major statutory changes effecting the provision of special education. Under the 1944 Act seriously mentally disabled children who were considered by the LEA to be incapable of being educated in school were cared for by health authorities. The Education (Handicapped Children) Act 1970 transferred responsibility for these children to LEAs. Thus no child, whatever the nature or extent of his disability, was now excluded from the right to education.

In 1974 the school health service, which had been established in 1907 as a responsibility of LEAs, became absorbed into the national health service (set up in 1946). This major organizational change called for close working relationships between health and local education authorities particularly in the ascertainment and assessment of children's special needs and the provision of adequate services to meet them.

These enactments completed the present structure of special education, except that in 1970 the Secretary of State for Wales assumed oversight of special education in that country. In both England and Wales responsibility for the provision of special education lies with LEAs, acting within national policy and guidance from the Secretaries of State. LEAs discharge their responsibility by making their own provision, in the ordinary schools (ordinary classes or special classes or units) and special schools (including hospital schools) which they maintain, and, where children are unable to attend school, in the form of home teaching. They supplement this provision by taking places (mainly boarding places) in non-maintained (i.e. private) special schools and in certain other independent schools. All special schools (maintained and non-maintained) must be approved by the Secretaries of State and operate under statutory regulations made by them. The Secretaries of State have power also to forbid the placement of handicapped children in any independent school which they judge to be unsuitable.

The Education Act 1976 laid down that from a future date to be fixed by the Secretaries of State handicapped children are to be educated in ordinary schools, except where this is impracticable, incompatible with efficient instruction in the schools or involves unreasonable public expenditure, in which case it may be given in special schools or in suitable independant schools.

The system requires effective cooperation between the education service and the supporting health and social services. Many different professionals are concerned - teachers, advisers, educational psychologists, careers officers and welfare staff employed by LEAs, doctors, nurses, health visitors, clinical psychologists and therapists employed by health authorities; and social workers in the social services departments of local authorities. There is equal need for effective cooperation between the statutory bodies and the many voluntary bodies which run special schools or offer different forms of support. The involvement of parents is crucial.

The government has issued circulars of advice and guidance on many aspects of provision, including the procedures for the discovery and assessment of children with special needs, the qualifications of teachers, the staffing of special schools and classes, the organisation of child guidance and the education of children with particular disabilities. The Education Departments for England and Wales consult regularly with other interested departments, notably the Department of Health and Social Security on the medical aspects of special education and the Department of Employment on vocational training of handicapped students.

In 1974 the Secretaries of State for Education and Science, Wales and Scotland, established jointly a committee of enquiry with the wide-ranging terms of reference 'to review the educational provision in England, Scotland and Wales for children and young people handicapped by disabilities of body or mind, taking into account the medical aspects of their needs, together with the most effective use of resources for these purposes; and to make recommendations'. The Committee completed its work in March 1978. The report has now been published and will be the subject of widespread consultations. It is expected to have a strong influence on the direction of future developments, including the education of handicapped pupils in ordinary schools.

List of addresses

Department of Education and Science

Elisabeth House, York Road, London SE1 7PH

Associations of local authorities

Association of County Councils, 66a Eaton Square, London SW1W 9BH

Association of Metropolitan Authorities, 36 Old Queen Street, London SW1H 9JE

Teachers' associations

National Union of Teachers, Hamilton House, Mabledon Place, London WC1H 9BD

National Association of Schoolmasters, Swan Court, Waterhouse Street, Hemel Hempstead, Hertfordshire, HP1 1DT

The Joint Executive Committee of the Four Secondary Associations, 29 Gordon Square, London WC1H 0PP

National Association of Head Teachers, Maxwelton House, 41-43 Boltro Road, Haywards Heath, Sussex, RH16 1BJ

National Association of Teachers of the Mentally Handicapped, Beechfield Avenue, Urmstan, Manchester, M31 3RT

Research

National Foundation for Educational Research, The Mere, Upton Park, Slough SL1 2DQ

National Children's Bureau, 8 Wakeley Street, London EC1V 7QE

London University Institute of Education, Malet Street, London WC1E 7HS

School Council, 166 Great Portland Street, London W1N 6LL

Hester Adrian Research Centre, University of Manchester, Manchester M13 9PL

Other organizations

Royal National Institute for the Blind, 224 Great Portland Street, London W1N 6AA

Royal National Institute for the Deaf, 105 Gower Street, London WC1E 6AH

Dr Barnado's, Tanners Lane, Barkingside, Essex

National Children's Home, 85 Highbury Park, London N5

Church of England Children's Society, Old Town Hall, Kennington, SE11 4QD

Shaftesbury Society, Shaftesbury House, 112 Regency Street, London SW1P 4AX

Church of England Board of Education, Church House, Dean's Yard, Westminster, London SW1P 2PW

National Council for Special Education, 1 Wood Street, Stratford-upon-Avon, CV37 6JE

The Spastics Society, 12 Park Crescent, London W1N 4EQ

Association of Educational Psychologists, 10 The Manor Close, Shincliffe, Durham, DH1 2NS

National Society for Mentally Handicapped Children, Pembridge Hall, 17 Pembridge Square, London W2 4EP

British Dyslexia Association, 18 The Circus, Bath, BA1 2ET

NORTHERN IRELAND

The first private institutions for the education of the deaf, blind and physically handicapped were established in the first half of the 19th century. The Schools Act of 1923 directed school authorities to establish education for handicapped (afflicted) children and, soon after this, the first public-financed special schools were established. The present special education scheme rests upon the Handicapped Pupils and Special Schools Regulations for Northern Ireland of 1973.

Local responsibility for the school system rests with five regional boards (Education and Library Board). Central direction is through the Department of Education for Northern Ireland.

Education is compulsory from the child's 5th year until it reaches the age of 16. This also applies to the handicapped. In addition, education is provided for children of three to five years in nursery schools and for young people over 16 years. These opportunities outside compulsory school age are available to the handicapped to only a limited extent.

The Ministry of Education's Department for Special Education supports the integration of handicapped pupils into the ordinary school system in all cases where it does no harm to the handicapped pupil or his fellow pupils. In practice, this is still limited to those with a slight handicap for whom no special assistance or consideration is required, and where special aids or a practical assistant in the class makes integration possible. Blind and deaf pupils must be educated in special schools unless the Ministry can approve another form of education.

The local school authorities decide which children need special education and which children cannot participate in school education. The local authorities (social and health authorities) are required to ensure adequate care, treatment and education (training) of children who are unable to cope with ordinary schooling.

Before the decision referred to above is taken, information is obtained concerning the child from parents, teachers, school psychologist and doctor. The parents may appeal against a decision to the Ministry of Education.

The cost of education before and after compulsory education is met by the local education authorities with full coverage by the State. In general, running the schools is financed by regional taxes.

A few special schools are run by private associations. They receive grants from public funds. All institutions providing special education are supervised by the Ministry of Education.

There is no maximum number of pupils in ordinary classes in the primary school. In continued education there should be not more than 20 pupils in practical subjects and not more than 35 pupils in other subjects. The following maximum class sizes apply to education of the handicapped: children with speech and hearing handicaps, 10 pupils; children with visual handicaps and maladjusted children, 15; epileptics and physically handicapped, 20; inform pupils, 30. There is no statement on the average size of classes, but in january 1976 there were 9.8 pupils per teacher in special education.

Children whom the Department of Education designates as unsuitable for education are referred to the health authorities, who have special care schools for them.

Teachers in special education must have completed ordinary teacher training, and as concerns education of the blind and those with hearing handicaps supplementary training also. Unless the Department otherwise agrees, blind and deaf pupils must be educated in special schools. A handicapped child can be educated at an ordinary school if suitable education can be provided and the presence of the pupil is not injurious to the other pupils.

List of addresses

Department of Education: The Secretary, Department of Education for Northern Ireland, Rathgael House, Balloo Road, Bangor, Co Down, Northern Ireland

Local authorities

The Chief Officer, Belfast Education and Library Board, 40 Academy Street, Belfast, BT1 2NQ, Northern Ireland

The Chief Officer, South-Eastern Education and Library Board, 18 Winsor Avenue, Belfast, BT9 6EF, Northern Ireland

The Chief Officer, Southern Education and Library Board, 3 Charlemont Place, Armagh, Northern Ireland

The Chief Officer, Western Education and Library Board, Campsie House, 1 Hospital Road, Omagh, Co Tyrone, Northern Ireland

The Chief Officer, North-Eastern Education and Library Board, County Hall, 182 Galgorm Road, Ballymena, Co Antrim, Northern Ireland

The Secretary, Maintained Schools Commission, Corcrain Villa, Charles Street, Portadown, Co Armagh, Northern Ireland

Institutions and organizations

Royal National Institute for the Blind, Branch Secretary, Bryson House, 28 Bedford Street, Belfast, BT2 7FE, Northern Ireland

National Deaf Children's Society (Northern Ireland), Hon Secretary, 71 Ivanhoe Avenue, Carryduff, Belfast, Northern Ireland

Northern Ireland Dyslexia Association, Hon Secretary, Bryson House, 28 Bedford Street, Belfast, BT2 7FE, Northern Ireland

Northern Ireland Council for Orthopaedic Development (Inc), Organizing Secretary, 2nd Floor, Scottish Provident Buildings, 7 Donegall Square West, Belfast, BT1 6JD, Northern Ireland

Northern Ireland Association for Spina Bifida and Hydrocephalus, Hon Secretary, Flat 1B, Parkdale House, Seymour Hill, Dunmurry, Belfast, Northern Ireland

Hon Secretary, Autistic Society of Northern Ireland, Paladin, Seahill Drive, Craigavad, Co Down, Northern Ireland

National Society for Mentally Handicapped Children, Northern Ireland Regional Officer, 4 Annadale Avenue, Belfast, BT7 3JH, Northern Ireland

SCOTLAND

As early as 1560, the Reformed Church in Scotland, in a report on the church's doctrine and policy, adopted a resolution under which towns and parishes were to establish schools to provide all children, whatever their financial background, with facilities for education according to their abilities. These ideals were maintained, but were not immediately realized. In 1696 the landowners in each parish were required to establish schools. In 1872 administration of the schools was transferred to school committees, whose members were elected by popular vote. These committees were authorized to collect taxes to raise funds to run these schools.

As in other countries, education of the handicapped began on private initiative, with provision for the blind and deaf in the 18th century. The first institution for the mentally retarded was established in 1852, and others followed. They became State-recognized in 1862.

The Education of Defective Children (Scotland) Act of 1906 on the education of handicapped children authorized local school authorities to establish special schools or special classes for handicapped children aged five to 16 years. The group is described as 'children who are not mentally retarded but who, because of a mental or physical handicap, cannot benefit sufficiently from ordinary education'. In 1908 school authorities were authorized to make education in special classes compulsory.

The Education (Scotland) Act of 1945 imposed upon education authorities the responsibility to provide for children in need of special education as part of the framework of school education. School authorities were required to determine which children needed this assistance from the age of five. In particular, authority was given for the establishment of child guidance clinics whose function would be to examine the physically and mentally handicapped and maladjusted children, and to advise parents and teachers on the appropriate educational and treatment methods for these children. The Education (Scotland) Act 1969 made the establishment of a Child Guidance Service mandatory upon education authorities.

In 1947 the Advisory Council on Education in Scotland was commissioned to provide a survey of education facilities available to pupils suffering from a physical, mental or social handicap. The work resulted in six reports on specific handicaps. Under regulations issued by the Secretary of State for Scotland, this assisted in defining nine categories of handicap, which were in general the same as those in England and Wales, with the exception of delicate children. The maximum number of pupils in classes for the handicapped was also established.

Greater changes were introduced under the Education (Scotland) Act of 1969. This Act redefines special education in a form that excludes the concept of a fixed disability of mind or body. It emphasized the importance of early recognition by doing away with the age limit for acceptance into special-educational assistance, and stressed that the decision to refer a child was not founded exclusively on medical grounds. It made mandatory the provision of a child guidance service and specifically defined its functions. The Act required that in all cases reports of psychological and medical investigations, supplemented by statements from parents and perhaps from teachers, should form the basis of decision. The Act also emphasized that such evaluation is a continuing process.

The Education (Scotland) Act 1974 which dealt with mentally handicapped pupils gave all such pupils a right to education, since this Act imposed on school authorities responsibility for the education of children formerly considered as 'unsuitable for training and education' (the profoundly mentally handicapped) as well as for those who were considered 'suitable for training but not for education' (the severely mentally handicapped).

The present basis for special education is largely the Education (Scotland) Acts of 1962 (into which former legal provisions have been incorporated), 1969 and 1974.

The State schools are administered by 12 regional education authorities (Education Authorities - EA), whose expenditure for this purpose is covered partly by a local property tax (rates) and partly by block grants from the State. In 1977-78 block grants amounted to an average of 68% of the expenditure. Thirteen boarding schools for the handicapped are run by private associations. These schools receive financial support by way of grants from the State. In addition there are 12 private special schools which are private institutions and collect school fees.

In 1974, 96% of all pupils attended State schools. Education is compulsory from the ages of five to 16, but can begin earlier and end later. According to the latest statement (1974-75), the average number of pupils per teacher in nursery schools is 23.7, in primary schools 23.4, in secondary schools 15.7 and in special schools 9.1. In special schools the number varies from about four in classes for the blind to 14.8 for the mentally handicapped. The trend towards reduced class size in special schools was strengthened by a guidance circular issued by the Scottish Education Department in 1973.

Before becoming permanently employed under the State school system, a teacher must have a teacher training certificate and two years' practice. In addition, teachers for the handicapped must have completed one year's further training. The shortage of teachers for special schools has resulted in only half of present teachers having completed special-teacher training.

Education authorities (EA) encourage supplementary training, among other ways by paying teachers' salaries during the study period. About 85 teachers a year undergo further training to become special teachers.

The section on England and Wales referred to the Warnock Committee, which proposed the reform of special education in the UK. The approach to implementation of the Report's recommendations will necessarily be different in Scotland since Scotland has no legislation corresponding to Section 10 of the Education Act 1976 (on the education of handicapped children in ordinary schools), although the principle is recognised and over the years is being increasingly realized.

List of addresses

Special Education Branch Scottish Education Department, New St. Andrew's
House, St. James Centre, Edinburgh, EH1 3SZ

Convention of Scottish Local Authorities, 3 Forres Street, Edinburgh

Teachers' organizations

Scottish, 41 York Place, Edinburgh, ED1 3DH

The Headteachers Association of Scotland, Balwearie High School, Balwearie Gardens, Kirkcaldy, Fife, KY2 5LY

Educational Institute of Scotland, 46 Moray Place, Edinburgh, EH3 6BH

Research

Scottish Council for Research in Education, 16 Moray Place, Edinburgh, EH3 6DR

Other organizations

Scottish National Federation for the Welfare of the Blind, 39 St. Andrew's Street, Dundee, DD1 2EU

Scottish Association for the Deaf, 158 West Regent Street, Glasgow

Divisional Education Officer Scotland, Barnardo's, 22 Drumsheugh Gardens, Edinburgh, EF3 7RP

Scottish Council for the Care of Spastics, 22 Corstorphine Road, Edinburgh, EH12 6HP

Scottish Society for the Mentally Handicapped, 69 West Regent Street, Glasgow, G2 2AN

Scottish Association for Dyslexia, 3 Coltridge Avenue, Edinburgh, EH12 6AF

Scottish Association of Principal Educational Psychologists, Child Guidance Centre, 8A Nelson Street, Dundee, DD1 2PP

Annex

Special education in ....
(country)

Information provided by ....
(name, position, address, telephone number)

....

....

QUESTIONNAIRE[1]

The following information is needed for the preparation of a report on special-teaching assistance for children, including special education and psycho-teaching guidance:

I

Survey of and any comments on general availability of education, stating location of special education (diagrammatic description) and including:

1. commencement and duration of compulsory schooling, giving any departures from this in relation to the handicapped;

2. education available before and after compulsory school age; to what extent can this be provided as special education (individual tuition or groups, qualified teachers, special aids) and who meets the cost (investment, salaries and other operating costs connected therewith, central or local public authorities, private funds, the home);

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[1] Where the questionnaire does not give sufficient space for the answer, please enclose this as an annex.

3. forms of private education available for the handicapped; how is this education financed and to what public supervision is it subject?

4. individuals and authorities responsible under the applicable regulations for guidance and decision-making in the initiation of special education; include information on parents' influence, pupil's own participation and whether there are separate rules in one or more areas of handicap;

5. points in time (pupil's age) and basis (school's decision, tests, parents' wishes) for division of pupils into classes with emphasis on theoretical and practical education respectively, and whether there are separate rules here for one or more areas of handicap;

6. applicable regulations concerning maximum number of pupils in ordinary classes and classes for the handicapped, and present average class quota.

II

(a) Terminology for describing groups of handicapped. Comments and corrections are requested with a view to administrative use of this.

1. Children are considered as severely backward (mentally impaired, deficient, retarded, handicapped, subnormal) who cannot be expected fully to meet society's requirements as regards education and social and financial independence.

2. Children are considered as backward (slow learners) who, because of a general functional defect, are so backward in their development that they are unable to follow education in an ordinary class.

3. Pupils with behavioural problems and psychotic disorders (maladjusted, psychotic) are those whose emotional and social development has been injured or threatened to such an extent that they are unable with reasonable benefit to follow education in an ordinary class.

4. Children are considered to have a speech defect if their speech or language is rendered difficult by defects or disorders of the speech organs or by disturbance of the central nervous system to such an extent that it affects learning and communication.

5. Children are considered as deaf if they are without hearing or if their hearing is so greatly reduced that, even with the use of a hearing aid, it cannot be employed for communication. Educationally, a distinction is made between the congenitally deaf and those who have become deaf but have succeeded in learning their language.

6. Children are considered to have a hearing defect if the hearing is so greatly reduced that, even with the use of a hearing aid, education can be carried out only by means of special aids and methods.

7. Children are considered as blind if they are without sight or their sight is so greatly reduced that it cannot be employed in education (braille readers).

8. Children are considered to have weak sight if the sight is so weakened that education, even after correction with spectacles, can be carried out only by means of special aids and methods (black script readers).

9. Motor handicapped pupils are those who are impeded by artificial limbs, paralysis, epilepsy, dysproxia, muscular atrophy, deformities or otherwise impeded in their movement to such an extent that they cannot be taught with others without special arrangements.

10. Specific learning difficulties arise if children, because of reading/ spelling retardation (word blindness, dyslexia, dyscalculia, dysgraphia, learning disabilities or environmentally conditioned difficulties) do not derive sufficient benefit from ordinary education.

11. Sick children are those who, because of medical treatment or convalescence, are prevented from following ordinary education.

III

(b) Organization of special education

Number of pupils	Special schools		Special classes in ordinary schools		Supplementary education		Total
	boys	girls	boys	girls	boys	girls	
1. Severely backward							
State schools							
municipal schools							
private schools							
2. Backward							
State schools							
municipal schools							
private schools							
3. Behavioural difficulties							
State schools							
municipal schools							
private schools							
4. Speech defects							
State schools							
municipal schools							
private schools							
5. Deaf							
State schools							
municipal schools							
private schools							
6. Hearing handicaps							
State schools							
municipal schools							
private schools							
7. Blind							
State schools							
municipal schools							
private schools							
8. Weak sight							
State schools							
municipal schools							
private schools							
9. Motor handicapped							
State schools							
municipal schools							
private schools							
10. Specific learning difficulties							
State schools							
municipal schools							
private schools							
11. Sick							
State schools							
municipal schools							
private schools							

Total number of children distributed by age, giving number of handicapped at a corresponding age who are receiving special-teaching assistance (training or education with participation of a special teacher), for example:

	Total number of children	Severely backward	Backward	Behavioural difficulties	Speech defects	Deaf	Hearing defects	Blind	Weak sight	Motor handicapped	Specific learning difficulties	Sick
0 to 2 years												
3 to 5 years												
6 to 13 years												
14 to 16 years												

If actual arrangements do not cover requirements, information is required as to:

		Estimated requirement in %
Percentage of severely backward among total number of children in age group 0 to 16 years who receive special-teaching assistance		
Backward		
Behavioural difficulties		
Speech defects		
Deaf		
Hearing handicaps		
Blind		
Weak sight		
Motor handicapped		
Specific learning difficulties		
Sick		

IV

Legal basis of special education

1. Regulations in general school legislation (give nature of regulation and title and date of law or order).

2. Regulations in special laws in the field of the Department of Education (give nature of regulation and title and date of law or order).

3. Regulations in laws in the fields of other ministries (give nature of regulation, name of ministry, title and date of law or order).

4. Historical review

(a) first private institutions for education of the handicapped:

(b) first state ordinances or arrangements for education of the handicapped:

(c) important reforms under preparation:

(d) school authorities' unconditional obligation to provide special education corresponding to actual needs (give title and date of law or order):

V

Assimilation of children into special education

1. What is the role of parents (pupils); can they object to assimilation - formally or in practice?

2. What are the roles of the handing-over and receiving teacher respectively?

3. Who otherwise take part in the decision-making process, and what is their role?
    (a) school psychologist
    (b) psychologists with other specialists
    (c) special-education consultants
    (d) head of school from which child is referred
    (e) head of special education in school to which child is referred
    (f) school doctor
    (g) other doctors
    (h) who else?

VI

1. In which ministerial sphere of activity is the education and psycho-educational guidance of handicapped children handled (give educational area)?
   - Department of Education
   - Department of Health
   - Department of Social Affairs
   - Others?
2. Is there formalized cooperation between the ministries concerned?
3. Is there a coordinating or consultant body at national level in this field?
4. Is there a body responsible at a national level for research and development in this field?

   Have separate national funds been allocated for research into special education?

   If so, in what manner, and how does it operate?

VII

Who is responsible for day-to-day administration of education and psycho-educational guidance for the handicapped (State, county, municipality or private); how are costs of investment, salaries and other operating costs distributed?

VIII

What is approximate gross expenditure per pupil?	Currency:
1. Kindergarten	
2. Ordinary first school year class	
3. Ordinary 4th - 7th school year class	
4. Ordinary 8th - 12th school year class	
5. Special class for the mentally retarded	
6. Special class for slow learners	
7. Special class for children with behavioural problems and psychotic disorders	
8. Special class for those with speech handicaps	
9. Special school for the deaf	
10. Special school for the blind	
11. Special school for motor handicapped	
12. Other special schools	
....	
....	
....	

Staff training courses:

1. What kind of special teacher is trained (according to handicap groups)	Admission conditions (previous training)	Where trained	Study period in years. How much is practical?	Number of school leavers annually	Weekly periods	Annual Salary
a.						
b.						
c.						
d.						
e.						
2. In comparison: a. teacher at ordinary primary school						
b. teacher in classes 8 - 12						
c.						
3. Which staff groups are associated with psycho-teaching guidance a. school psychologist						
b. other psychologists						
c. psychiatrist						
d. social adviser						
e. permanently employed consultant for special education of						
f. part-time consultant for special education of..............						

X

For purposes of inter-European contact, please give a summary of important addresses and names in the administration of special-teaching, research and staff training.

Please also give a summary of professional associations and interested organizations, including organizations for the disabled and parents' associations, which cooperate in education and psycho-teaching guidance for the handicapped.

XI

General comments to illustrate the current debate on special-teaching arrangements, including any plans for future reform.

What priority is expected to be given to special education and psycho-teaching guidance in relation to other educational problems and other forms of rehabilitation?

Part II

SELECT PAPERS
FROM THE CONFERENCE ON SPECIAL EDUCATION IN THE EUROPEAN COMMUNITY

held in Rome on 4 to 7 December 1978

1. PROGRAMME OF THE CONFERENCE

Monday 4 December

Opening Session

Speeches

17.00 hrs. - Prof. Giulio Carlo Argan, Mayor of Rome

- Mr Guido Brunner, Member of the Commission of the European Communities
- Prof. Mario Pedini, Minister of Education

Tuesday 5 December

Introduction

9.00 hrs. - Speech of welcome by the President of the Accademia Nazionale dei Lincei, Prof. A. Carrelli

- Commencement of work and introductory speech by Prof. Franca Falcucci, Under-Secretary of State for Education
- Prof. I. Skov Jørgensen (Danish Ministry of Education) Trends and developments in special education for young handicapped persons

9.30 hrs. - Mr Hywel C. Jones (Commission of the European Communities): The handicapped in the context of educational cooperation in the Community

10.00 hrs. - Coffee break.

Education

10.30 hrs. - Prof. Alberto Giordano (OECD Expert, Lecturer in Child Neuropsychiatry at the University of Rome - Mental health centre - of the Province of Rome): International experiments and comparative analysis of the principal problems in the sphere of education: Integration

11.30 hrs. - Prof. Aldo Zelioli - Head of the Department for the Education of Handicapped Persons - Ministry of Education: Compulsory schooling and the handicapped: the prevention of isolation

12.00 hrs. - Prof. Vijcenzo Cesareo (Istituto di Sciologia dell' Università Cattolica di Milano): Sociological aspects of the education of the handicapped.

Thursday 5 December

Training

15.00 hrs. - Prof. Umberto Dell'Acqua (Istituto di Pedagogia dell' Università Cattolica di Milano - Head of the Training and Welfare Centre for minors during their formative years): The transition from school to work and social activities as a means of improving the qualify of life of handicapped persons

15.30 hrs. - Dr. Teresa Serra (Associazione Spastici - Roma; European Vice-President of 'Rehabilitation International'): Invalids in the family and in active life: the school's responsibility

16.00 hrs. - Coffee break

16.30 hrs. - Dr. Augusto Battaglia (Communità di Capo d'Arco - Roma): Work experience and the move towards cooperation.

Summary

17.00 to
18.00 hrs. - List of the reports and setting up of discussion groups for 6 December.

DISCUSSION GROUPS

Wednesday 6 December

9.00 to
18.00 hrs. - Activities of discussion groups (the composition, which is set out below, is only a guideline):

Group 1: all the Community languages, (with simultaneous interpretation).

Rapporteur: Prof. F. C. Christen (20 delegates from the nine countries and five Italian participants).

Group 2: French-speaking group

Rapporteur: Prof. Labregère (20 delegates from nine countries and five Italian participants).

Group 3: English-speaking group

Rapporteur: Mr J. R. Fish (20 delegates from the nine countries and five Italian participants).

Group 4: Italian-speaking group

Rapporteur: Prof. Alberto Giordano - Topic for discussion: Prevention in early infancy (25 Italian-speaking participants)

Group 5: Italian-speaking group

Rapporteur: Prof. Aldo Zelioli - Topic for discussion: The handicapped and compulsory education. (25 Italian-speaking participants).

Group 6: Italian-speaking group

Rapporteur: Prof. Umberto Dell'Acqua - Topic for the discussion. The handicapped, secondary education and integration into the working world. (25 Italian-speaking participants).

Thursday 7 December

Final plenary session

9.00 hrs. - Plenary discussion of the groups' reports
General Rapporteur: Prof. Adriano Milani Comparetti

11.00 hrs. - Coffee break

11.30 hrs. - Summary and conclusions by the Under-Secretary of State for Education, Prof. Franca Falcucci.

2. SPEECHES DELIVERED AT THE INAUGURAL SESSION

(a) SPEECH BY MR GUIDO BRUNNER, MEMBER OF THE COMMISSION OF THE EUROPEAN COMMUNITIES

Mr President, ladies and gentlemen,

I wish to compliment Minister Pedini on his initiative in holding this Conference. On behalf of the Commission of the European Communities I am here to wish you every success with your work. The Commission is honoured to act as co-sponsor and coorganizer of this very important Conference.

Participation in a conference such as this one is a good opportunity for the Commission to prove that the Europe of the Community does not consist merely of mountains of milk-powder and seas of wine.

I believe that we must say to the people more clearly than we have done so far, that there are many other sectors in which Europe is a living reality.

I think that education is one of these sectors.

Let me point out that education makes an essential contribution in the domain of employment and of social policy.

At present we are experiencing a period of continuing crisis. Unemployment, especially among young people, reaches into every corner of the Community.

We all recognize that education cannot in itself solve unemployment problems. But it can and must make an important contribution to their solution - by determined action jointly at Community level as well as by positive dissemination within the Member States themselves.

From the very beginning of its work in this field the Commission has seen the pursuit of greater equality of opportunity and of benefit to be one of the principal and abiding aims of educational activity at Community level. The Ministers of Education of the Nine committed themselves to pursue this objective when they established the first education action programme in February 1976.

What have we in practice done until now?

Our approach from the outset has been to identify categories of children and young people who have special needs or disadvantages, so that we can help by Community action to develop practical and relevant programmes for the solution of their distinct and tangible problems.

We have given first priority in time to our educational work in favour of migrant and immigrant children.

We want to help children who come to live in a foreign country. You all know the vicious circle that starts after their arrival. On the one hand, these children have problems of understanding the language of the recipient country. On the other hand, they tend to lose contact with their mother country. When they go back home after some years away, they will be at a disadvantage when looking for a job. With our projects we will help to overcome these problems and we hope Member States will make use of the results. We have for example special education classes in which newly arrived children can learn the language of the recipient country. We also have classes where children are taught in the home language and culture of their mother country.

The Commission has begun work to eliminate from educational systems the disadvantages or inequalities of opportunity which are still experienced by girls and young women.

The Commission has begun to explore the problems of another category of children and young people. I refer to the problems of the physically and mentally handicapped that are the subject of the present Conference.

I wish to make a few points on this.

We must first understand that the Commission has only recently begun its work in this field. With the aid of the experts in the national Ministries of Education, Mr Skov Jørgenson, Head of the Special Education Department of the Danish Ministry, has prepared for the Commission a descriptive survey and analysis of the latest developments and trends in special education in the Nine. He has been able to draw too on the work of various international organizations which have been active in this field.

I wish to express my personal appreciation to him.

Perhaps the most important themes dealt with in the report are:

(1) The necessity for handicapped children to work together with other children at school.

(2) The need to ensure for all such children a special education appropriate to their requirements.

(3) The need for research and development concerning technical aids.

The Commission will focus attention on these proposals in the coming year.

For example, the Community could help to finance research and development of motor and electronic apparatus. This could help above all severely handicapped children as well as children that have problems with language.

When handicapped children are working together with other children in one school, we have to think about the installations in those schools, about the design of the school itself. In this field the Community could also give advice.

We all know that handicapped children have problems when they leave school and look for a job. I think this is a vast area where the Community could be of assistance.

Everything which is done for handicapped children costs money. The education of handicapped children is more expensive than that of healthy children. But should this be an obstacle to greater efforts in the field of the education and training of handicapped children?

I think not, and for two reasons:

(i) Helping the handicapped child to overcome as far as possible the disadvantages of his disability in relation to healthy children is one of the basic tenets of humanity.

(ii) Moreover, there is another important social argument which is often overlooked in discussions of the education of handicapped children. Experience has shown again and again that the handicapped child can reach a completely normal educational level and make good progress in vocational training if he is given support at the right time in overcoming his special problems. For Society, the education of handicapped children given from the earliest possible moment is in reality cheaper than having these people excluded from the work process and dependent on public aid throughout their life.

It is not for the Commission at this early stage to prejudge in detail what the priority needs for action are within what is a complex domain. We must listen before we speak - and it is of course my hope that this Conference will give us some ideas to carry our thinking forward.

While thanking you, Mr President, and the Minister of Public Instruction for the opportunity to address this Conference, I must add my congratulations to you for conceiving this well-judged initiative. My conclusion is a simple one - I welcome this Conference not only for its own sake but for the direct contribution to a Community action to which - let me make it clear - I give as high a priority as to any element in the whole field of educational cooperation in Europe.

(b) SUMMARY OF ADDRESS BY MR MARIO PEDINI, ITALIAN MINISTER OF PUBLIC INSTRUCTION

In his opening remarks at the Conference on special education for handicapped children in the EEC organized by the Ministry of Education in collaboration with the European Economic Community, the Minister, Mr Mario Pedini, observed that Italy brought a wealth of invaluable experience to the meeting. Under Law No 517 the question of the presence of handicapped children in normal schools was approached with a strong moral purpose and an up-to-date social vision. This presence, wherever possible, should serve to further these children's recovery and promote a greater awareness of the problem and greater solidarity on the part of the school community. No doubt the scheme would need touching up and perfecting and calls for stronger scientific and specialist support. For this reason the European Economic Community had been invited to participate in the discussion of a social obligation facing all Community countries. The experience of others would be of the utmost benefit. Besides, it was unthinkable that European integration should not lead to an ever greater convergence between school structures and programmes. For the modern school to be worthy of the name, it must be a school for all young people, to which the whole of society was committed.

Mr Pedini took the opportunity to express great concern that at that very time the decision had been taken in Brussels to postpone the meeting within the Council of the Ministers of Education of the countries of the European Community, which has been convened for 27 November last. Clearly the postponement was due to more than a simple administrative difficulty. It could be due to the reluctance of certain countries to strengthen the Community's commitment to education - and here it should be said that, particularly on the eve of the election of the European Parliament, the peoples of Europe - and of Italy in particular - could have little faith in a European Economic Community solely confined to economic aims and commercial programmes. The European Community would have a future as long as it provided an ever improving model for a multi-national society; it was inconceivable that a true Community should not include educational coordination within its ambit. The future citizens of Europe were being trained in its schools. It was understandable that some reluctance should be felt by certain Member States, but is was unacceptable that their views should prevail over the general trend towards a cultural and educational commitment. Italy was prepared to do all in its power to overcome this reluctance and help to launch a serious dialogue between the nine countries in the field of culture and education.

3. PAPERS SUBMITTED

RECENT DEVELOPMENTS IN SPECIAL EDUCATION IN THE NETHERLANDS

This memorandum begins by setting out the most important trends in special education in the Netherlands. It then discusses how these developments, particularly those forming part of the policy of the Ministry of Education and Science might successfully be promoted and implemented in schools.

1. Important trends in special education in the Netherlands

Changes in attitudes towards special education in the Netherlands which have taken place in recent years in schools and other affected areas may be summarized as follows.

(a) The conviction is growing that special schools should, to a greater extent than in the past, function as specialized educational institutions in which children's development problems are handled via a multi-disciplinary approach. Remedial teaching should be a very important aspect of this approach. The help provided should correspond to the help required by the child. The underlying idea is that a plan of treatment should be drawn up for each individual child.

Medical care should, as was always the case in the past, still play a role, but, according to current thinking, it should no longer dominate as it frequently did in the past.

This concept of special schools as specialized educational institutions in which tuition is of a multidisciplinary nature has caused many people to ask whether the present organizational pattern of special schools should not be replaced by a new pattern with far greater emphasis on remedial teaching than at present.

The importance of this question is stressed even further by the impression held by many people that not only the organizational pattern but also the many different types of schools is a disadvantage. It appears that the more types of schools there are the more often it proves impossible to place children, who may find themselves high and dry. It is also frequently far from simple to determine which type of school is most suited to a particular child.

(b) The second major trend in special education in the Netherlands is the increasing tendency to let children with problems attend ordinary primary and secondary schools.

Supporters of this system consider that the growth of certain forms of special education cannot continue at the same rate. There has been a sharp increase in special schooling for children with learning and educational problems in recent years. In 1968 12 271 children received this type of schooling. In 1976 the figure had already doubled.

A new law on basic education for 4 to 12 year olds, which is currently being drafted and which will enter into force in 1983 presupposes that it is desirable to include more children than at present in the basic education system.

2. Practical application of these two trend

The policy of the Ministry of Education and Science is geared towards promoting the two trends referred to. It is based on the concept that there is little point in laying down statutory rules if not enough is yet known about the ways in which reforms can be applied in practice by teachers. For this reason the Ministry is financing projects in schools involving experiments with particular aspects of educational reform.

Up to the end of this year ordinary infant and primary schools and special schools can apply to be considered for inclusion in pilot projects involving the assimilation of children with problems in the ordinary education system. These projects should, above all, increase awareness of the following factors:

(i) the provisions which should be taken as regards, for example, teaching methods, the pedagogical climate, basic training and further training of teaching staff;

(ii) the transitional structures which could be set up between ordinary and special education;

(iii) ways of improving relations between ordinary and special education in order to remove special education from its present isolation.

Ministry of Education and Science policy is based on the assumption that it will be possible in the future to absorb more children with problems into the ordinary education system, but that the contribution of special schools will still be essential. Many people feel that not all children will be able to follow ordinary teaching. Thus, attention will be paid in the Ministry's policy not only to the inclusion of problem children in the ordinary education system, but also to the 'internal' reform of special education.

A so-called plan of campaign for special education will be drawn up by the Minister after discussions with education circles. This plan may serve as an outline policy for projects in schools designed to increase knowledge of the way in which special schools can function as specialized educational institutions.

Special attention should be paid, first and foremost, in these projects to the following problems:

(i) the best admission procedure for special schools;

(ii) the best type of (multidisciplinary) counselling;

(iii) whether it would be possible to reorganize schools using remedial criteria and thus gradually reduce the number of types of schools;

(iv) the best type of training staff in special schools.

PAPER BY THE UNITED KINGDOM NATIONAL DELEGATION

1. One of the more significant developments in special education in the United Kingdom during the last five years was the establishment in September 1974 of the Warnock Committee with the following terms of reference:

'to review educational provision in England, Scotland and Wales for children and young people handicapped by disabilities of body or mind, taking account of the medical aspect of their needs together with arrangements to prepare them for entry into employment; to consider the most effective use of resources for these purposes; and to make recommendations.'

The Committee received over 300 submissions of written evidence from professional organizations, voluntary bodies and individuals and took extensive oral evidence. In addition, members of the Committee visited a range of schools, colleges and other establishments in England, Scotland and Wales and small parties visited the USA, Scandinavia, the Netherlands and the Federal Republic of Germany.

2. The Committee's report 'Special Educational Needs',[1] was published on 24 May, 1978 and its scope and recommendations are wide-ranging, as befits the results of the first inquiry in this country into the education of all handicapped children as distinct from the problems of particular handicaps. The report proposes a new concept of special education to embrace not only children with disabilities of mind or body but also those with significant learning difficulties - those at present classed as in need of remedial teaching - as well as those with emotional or behavioural disorders. In these wider terms it concludes that up to one in five of all children may need some form of special educational provision at some time during their school career and urges legislation to establish a new framework of provision which recognizes the Committee's broader conception of special educational needs, whilst specifically safeguarding the needs of children with severe or complex disabilities.

3. That aside, the report attaches first priority to its recommendations on provision for children under five who have special educational needs; provision for young people over sixteen (the current statutory school leaving age in the United Kingdom) with special educational needs; the concomitant developments in teacher education and training. High priority is also accorded to two further sets of recommendations covering the proposed organization of a special education advisory and support service; and the promotion and coordination of research and development in special education.

4. A synopsis of the report is attached as Annex A to this paper and a further brief guide, prepared by the Committee's Chairman, Mrs Mary Warnock, and published on behalf of the government departments concerned, is at Annex B.

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[1] Report of the Committee of enquiry into the education of handicapped children and young people. (cmnd 7212) HMSO 1978 price £ 5.65.

Consultation on the Warnock Report

5. Her Majesty's Government has decided not to reach decision on the Committee's recommendations until full and thorough consultation with those concerned with special education and with the public at large has taken place. This consultation was launched on 31 July when a consultation document was sent to well over 400 bodies in the field with an invitation to submit observations thereon by the end of February 1979. So far some 7 000 copies of this document have been sent out and demand is still brisk. (A copy of the consultation document is at Annex C.)

6. The Warnock Report is addressed to the Secretaries of State for Education and Science (England), for Scotland and for Wales, and the substance of the report also closely concerns the departments of health and social security and of employment. The three English departments and the Welsh Office are cooperating in a joint consultation exercise as, while there are some differences in detail, special education in Wales is broadly the same as in England.

7. While the educational system in Scotland is conducted under separate legislation and both the general structure and the provision for special education differ in certain major respects from those in England and Wales, the implications of the report are broadly the same throughout the United Kingdom. For this reason, the same extensive consultation with educational, health and child care interests is taking place in Scotland - albeit as a separate exercise. Special education in Northern Ireland was outside the Committee's remit: nevertheless the Northern Ireland authorities are being kept fully informed and their officials are participating in the consultation process wherever appropriate.

Other Developments

8. The Warnock Committee's deliberations have not been allowed to impede a number of other initiatives in special education. Thus, in 1976 was enacted an Education Bill, section 10 of which gives statutory expression to the principle, supported by successive governments for over thirty years, that no handicapped child should attend a special school if his needs can be met in an ordinary one. The section requires that, from a day to be appointed by the Secretary of State, handicapped pupils are to be educated in ordinary schools unless this would be impracticable, incompatible with the efficiency of the schools concerned, or would involve unreasonable public expenditure.

9. In fact, because the present system of special education in the United Kingdom is concerned with provision for statutory categories of handicap, the section is necessarily concerned with the location in which education is to take place, whereas if the new 'Warnock' framework is adopted special education will be defined in terms of the needs it is designed to meet. Indeed, integration as such is central to much of the report's recommendations and the section would need considerable amendment to fit in with the proposed framework. For this reason the section has not so far been brought into force, but de facto integration at local level is increasing as circumstances and resources permit. Progress to date is illustrated in the attached booklet 'Integrating Handicapped Children' (Annex D).

10. In September 1977 the Department of Education and Science commissioned a research project of the National Foundation for Educational Research, in co-operation with certain local education authorities, to monitor selected schemes involving integrated arrangements for educating handicapped children. The research will take about three years and hopes to identify those factors making for successful integration.

11. The United Kingdom is also participating fully in the OECD/CERI project in the education of handicapped adolescents, in connection with which Professor Jack Tizard and Dr Elizabeth Anderson of the University of London are acting as consultants. Arrangements are in hand to involve a number of local education authorities to be surveyed in depth as part of the United Kingdom contribution to this project.

12. In common with other developed countries, school populations in the United Kingdom are falling, and with this trend the numbers of children suffering from some of the until-now 'traditional' categories of handicap are also falling. There are, however, exceptions - in particular those with behavioural problems. The result is that many long-established special schools are having to deal with different handicaps, or different intensities and combinations of handicap, then heretofore which can both pose new problems and, on occasion, create new opportunities.

13. Finally, a range of new initiatives related to specific kinds of handicap are taking place or are in preparation. It is hoped that these will lead to improved practice and provision.

4. WORKING PAPER DELIVERED BY MR SKOV JØRGENSEN - 5 DECEMBER 1978

Originally pupils were referred to special education primarily on the basis of a medical diagnosis, but the basis of referral to special education and special educational measures is now made up of the educational and psychological assessment of the causes of the difficulties at school experienced by a pupil. As a matter of fact, physical, mental, or social disabilities will not automatically lead to difficulties at school or to referral to special education.

Special education is characterized by an increase of resources, improved inter-disciplinary cooperation, advanced teacher training, and thorough individualization.

When a pupil is referred to special education, importance may be attached to a description of specific disabilities or to his or her possibilities of being taught, and result differs greatly, both in theory and in practice.

Environmental factors affecting the child negatively at school should normally not cause the child to be referred to special education; instead attempts should be made to remedy the causes in other ways, e.g. by changing the normal teaching procedures in the class or by implementing technical and social measures.

Nobody will disagree that attemps should be made to expand the education of even severely handicspped pupils in such a way that the children are taught in a normal school environment or as closely connected with it as possible if the parents want it to be so and are able to assume the responsibility of the care in the home. The possibility of doing so is not only dependant on financial resources and staffing rations, but also on the level of tolerance displayed at school and in the community towards children who are 'different'. There is an apparent interaction between the endeavours of integration and mutual acceptance between handicapped children and non-handicapped children.

The handicapped child may very well be in a normal school environment without being integrated into it, and so may the child suffering from a slight handicap too. It is consequently extremely important that the schooling is discussed and planned together with the child and his parents, and that the school psychologists participate in the considerations about the schooling of the child as soon as any indications of serious problems of integration into the environment have been noted.

In the course of the last few years many people have stressed the danger of dividing the pupils into group such as educationally subnormal, backward readers, and maladjusted pupils. Such as division will indeed not offer any indication of the causes of the difficulties or the possibilities of the pupil. Practice has however shown that such a division represents different educational environments which comply with the pupil's requirements when considered independently.

The special support which may be necessary to give a handicapped pupil may differ in nature, from the purchase of special equipment for the partially sighted and partially hearing in the ordinary teaching, special assistants to the physically handicapped as far as toilet training is concerned or physiotherapeutic treatment and transportation schemes for pupils suffering from impairment of the organs of movement, to educational offers of teaching in the form of special teaching. It should therefore be appropriate to distinguish between 'special educational measures' and 'special education'.

Special educational measures will consequently be a more extensive concept than special education. The increasing integration of handicapped pupils into the teaching of the primary and lower secondary education makes it even more necessary to being able to implement such measures.

To deduce common trends for special teaching in the European Communities is no easy matter.

Above all, the report just published bears witness to differences in tradition and practice.

In the special pedagogical area, it would probably be possible to find greater similarities between the Nordic countries or between the United Kingdom, Australia, and North America, than within the European communities.

The right to an education is recognized, but there are differences between the practical possibilities and the concrete offers. Some features from the special pedagogical development in each separate country have been collected in section 3 of this report. From the 18th century and far into the 20th century, special teaching follows the same pattern everywhere: The public schools did not offer special teaching to the handicapped. This was left to private financing and initiative. As a rule, special teaching was put in the hands of boarding institutions, whose primary task was care, and sometimes also treatment.

On the whole, admission was based on medical, and sometimes also on social indications. Those who were most handicapped were not offered instruction.

In the middle of this century, the United Nations adopted the principle of the right of all children to develop their personality through instruction adapted to the individual child's physical and psychological situation.

The World Organization for Education, Science, and Culture followed up these intentions in a sporadic and hesitant manner. Considerable resources were reserved for the fight against discrimination caused by race, religion, and sex, but it is not until this year's general assembly that it looks as though Unesco will pay more than symbolic attention to discrimination against the handicapped.

Similarly, the World Federation of Teachers' Organizations (WGOTR) has refused to commit itself, preoccupied as it is with obtaining education offers for pupils without specific learning difficulties. They plead the requirements of everyday working life for adopting this order of priorities, but this plea is neither professional nor ethical.

In spite of sluggishness in the education and instruction sector, Rehabilitation International and other 'consumer organizations' have been increasingly successful in obtaining political support for measures which secure meaningful instruction for the handicapped, in common with corresponding offers to the rest of the population. Compensating for or limiting the effects of learning difficulties demands increased means. In other words, the ideas expressed in the resolution of 9 February 1976, by the Ministers of Education of the EEC countries about education in such a way as to give all children the opportunity to develop their full potential are closely connected with the question of finance. It goes without saying that as regards the handicapped, a great effort is demanded if all children are to have equal opportunities for receiving instruction. In principle, the relevant financial consequences are accepted by our countries.

Consequently, when in 1970 we carry into effect the UN's resolution about the Year of the Child, and in 1981 the Year of Handicap Reforms, we will have a favourable opportunity to uncover the remaining prejudices against the handicapped and to confirm their right to develop their full potential and to receive instruction. Chapter 1 of the report shows the current situation as regards special instruction.

Differences in the various countries' administration of special pedagogical assistance are enumerated on page 16. Even though responsibility is divided among various authorities and administrative levels, increasing weight seems to be attached to the point of view that authorities who afford instruction offers to the rest of the population should also do so to the handicapped; however, in such a way that competence is improved by means of expertise.

The learning difficulties dealt with by the report are described in Chapter 1.

In the special pedagogical research and practice of the last few years, there has been an urge to soften the barriers between the different groups of the handicapped. It is still a question of primary and deduced diagnosis, but it no longer serves any useful purpose merely to speak of the blind, the deaf, and the mentally deficient in connection with instruction.

Mistrust of a classification of handicapped pupils should not, however, lead us to underestimate special pedagogical terms and definitions. In order to be able to work with problems, communicate with others, and to cooperate across subject boundaries and frontiers, it is important to express oneself as unequivocally as possible. Special instruction concerns so many combinations of handicaps and conditions that in this field our countries could avail themselves of the advantages of common resources for research and education. A useful initial step would be some sort of standardisation of the special pedagogical terminology.

The list of parallel terms in pages 18 to 21 should be regarded as an invitation to all of us to work with the problem. Others - e.g. UNESCO and the Nordic countries - have done so. The problem will become topical the moment we decide to exchange opinions and experiences.

Pages 22 to 37 contain statistical information. They are so varied that direct comparisons are impossible, but this does not make them less interesting as a point of departure for a dialogue among the different countries and for an incipient harmonization of the basis of mutual information.

Pages 20 and 21, 38 to 45 deal with guidance and visiting in connection with special instruction. When deciding on the form of instruction, importance has been attached in our countries to the wishes of the parents. In the cooperation between homes, school, and the expert teams, however, steps have been taken to secure the child the best possible school attendance. The expert team is interdisciplinary, but the trend is to strengthen the pedagogic-psychological expertise in matters concerning instruction and education.

Pages 46 to 47 deal with private schools. There are great differences between the roles played by the various private schools, and there is no tendency to weaken private initiative wherever this is found. But it goes without saying that the increasing demands on staff and aids make public grants essential - also in the private sector.

It is important to acknowledge that the educational authorities are unconditionally bound to initiate adequate instruction for the handicapped who would not otherwise receive any, that this instruction must be offered at no cost to the pupils' parents, and that the offer should not be limited to school age.

To facilitate the parents' independent choice of a school, the additional costs as a result of special instruction should, on principle, be covered by the public authorities, regardless of whether the pupils attend a private school or not. In many countries there seems to be some understanding for this attitude to the independent choice of a school.

Pages 48 to 49 contain a description of forms of financing. The increasing decentralisation and integration of the instruction of the handicapped leave behind them a number of unsolved problems. Placing a badly handicapped child under normal school conditions giving optimal instruction can be an expensive affair, and whether it is individual pupils or a number of special classes who are integrated in an ordinary school, doubts may easily arise about financial priorities between the general and the special. Experiences indicate a political necessity to 'earmark' grants for special instruction and that the special pedagogical experts should be given considerable influence in the release of such grants. The need for unusually high grants to individual pupils does not seem to be very obvious to all administrators and teachers in the ordinary schools.

In pages 51 to 52 there is an outline of the number of pupils in special classes and the average number of pupils in the classes. The number of pupils in the special classes is always considerably lower than in the ordinary classes. Hardly any country has solved the problem of flexibility within and between classes with such few pupils. But the balance between individualization and community in surroundings which promote social development belongs among common relevant problems. Presumably, the tendency will be cooperation among teachers from all the small class units or between special classes and ordinary classes.

Pages 52 to 54 contain a comparison between compulsory education for the handicapped and the non-handicapped. In many countries, a former extended compulsory education for the handicapped is replaced by uniform rules supplemented by a right to an offer of lifelong education.

Pages 53 to 56 cover two universally central subjects, namely special pedagogical assistance to the handicapped of pre-school age, and special pedagogical assistance on transition of the handicapped from school to work.

Both UNESCO, OECD, other international organizations, and the individual countries have of late years given these subjects justified attention. There is a clear will to make an increased effort, and this is supported by obvious economic and human advantages.

Pages 56 to 64 deal with another topical and fundamental question - staff training. Primarily, it is a question of training special teachers, but as a consequence of political decisions about integration, it is also a question of thorough information on handicapped persons in every basic training of teachers.

Western Europe employs 'defectologists' only to a limited extent. To a certain extent, logopeds form an exception in this respect. But the main trend is for teachers to undergo additional training in special areas, so that these special teachers' training courses offer comprehensive general information on handicapped persons and they are also followed up by further training and study tours.

Pages 64 to 67 round off the first section of the report with a reference to the efforts for integration.

In the context of special pedagogics, we prefer to use the word 'integrating' rather than 'integration' in order to indicate that we deal more with a process than with a static situation.

Thus, integration means that as many handicapped children as possible receive instruction in ordinary classes and with the necessary assistance, and that where this is not feasible on account of the pupil himself or the class, the school endeavours to create an educational or other social contact between the handicapped pupil and an ordinary group of pupils of the same age.

There is every reason to avoid the emotionally influenced debate on integrating which many people have called for.

No responsible authority has made any hint about the possibility of teaching all handicapped persons in ordinary classes. On the contrary, endeavours aim at a scale of possibilities ranging from measures to assist the handicapped pupils in ordinary classes, e.g. by co-teaching-arrangements, over instructing handicapped persons ranging from one pupil to a group of pupils, or instruction in clinics, to special classes in ordinary or special schools, including observation schools and institutions offering treatment.

It is not so much a question of limiting the possibilities of visiting as of building up qualified and competent pedagogic-psychological guidance with the double purpose of ensuring the least restrictive placing and an adequate instruction.

In June, 1974, the Council of the European Communities decided that 'the Community's general effort on behalf of the handicapped should be directed towards helping them to live a normal independent life, fully integrated into society.' This objective is applicable to all age groups and all forms of handicaps.

In the course of the meeting a handicap was defined as 'any limitation, congenital or contracted, of a person's physical or mental abilities that affects his daily life and work by reducing social participation, employment prospects, and opportunities for making use of public services.'

This statement was made with a view to the rehabilitation of handicapped persons, and it is possible that teaching circles would have formulated it differently. But in this connection, the important thing is to stress that rehabilitation is also a pedagogical problem. All too often it is treated as though it were solely a medical-social question. Perhaps the education system's earlier pedagogical-psychological measures will, for instance, prove to have made a valuable contribution to integration and acceptance, which are prominent factors in rehabilitation.

An understanding of this is growing rapidly - not least politically. This understanding is expressed in the form of spontaneous 'education arrangements' by the most varied branches of administration and interest groups.

There is a pronounced desire to rationalize this profusion, on the one hand to make better use of qualified personnel and financial resources, and on the other to create an opportunity for cooperation between the many minority groups that make up the handicapped section of the population, whose size is such that they are sufficient to provide a useful body of experience.

The trend appears to be:

1. To relate responsibility for education for the handicapped to other education.
2. To make pedagogical-psychological guidance and special education available without cost to the family, the financial and administrative responsibility being established by legislation.
3. To see the environmental and service measures that are essential for meaningful education as an inseparable part of education and thus of the education budget; this includes buildings, transport, and technical aids.
4. To offer special pedagogical assistance at nursery school age as soon as the need is recognized, and to make this assistance the responsibility of the school authorities, who in this context cooperate with social and health services.
5. To ensure specialist training and in-service training for staff giving pedagogical-psychological guidance and special education.
6. Upon leaving school, as part of the education system, to offer assistance and guidance to the handicapped with the cooperation of the labour market authorities and
7. To provide its own funds for special pedagogical research and development, including the production of technical aids.

A note of June, 1975, from the Commission's Education Committee reads that 'the promotion of closer relations between educational systems in Europe can best be served by a continuing comparison of concepts, experience and methods in our educational systems'. (Draft report to Ministers by the Education Committee of the European Communities).

I shall conclude the short section in my report, No 2, which includes the reflections mentioned here by suggesting an informal and non-binding, but well-prepared annual meeting between officials from the respective ministries of education who are responsible for the education and training of handicapped persons. In an area under rapid development and with great minority problems, this would contribute to an exchange of experience and viewpoints and to contact and information about special pedagogical research, methods, and aids. Such contact could be a useful contribution to the fulfilment of our common desire for the best possible education and rehabilitation of handicapped persons.

In this respect, one of the most promising trends in the European Communities is that there should be political support for this demand by the parents.

At this stage of the development I consider it an honour to appeal to the member countries of EEC to assume a co-responsibility as regards information, inducements to legislative reforms, and the exchange of research and experience.

As mentioned before the United Nations have instituted 1979 as the International Year of the Child, and in 1981 world opinion will focus on the problems of disabled persons.

What a fortunate opportunity - as said - will it not be for EEC to contribute towards the opportunities of disabled persons on an equal footing with others for the development of their personality through education and equal opportunities for utilizing their capabilities and skills through education.

Rehabilitation International ask me - on behalf of the parents and the handicapped - to inform you: You will not have to search for cooperators, nor will you be waiting for human and economic results.

5. REPORTS OF THE SIX DISCUSSION GROUPS

DISCUSSION GROUP I: MULTILINGUAL - LEADER - MR CHRISTEN

No handicapped child who can attend a normal school should be put into a special school. The general principle should be: as much integration as possible and as little separation as necessary.

1. Problems connected with integration

(i) Adjustment of teaching and educational methods in the normal school (no selection, no general standards, flexibility in syllabus and timetable, individual treatment);

(ii) improved training for all teachers;

(iii) development of necessary school buildings and material and technical prerequisites;

(iv) elimination of divisions of administrative competence at all educational levels in the sphere of general schools and special teaching;

(v) need to establish policy priorities (drafting of a comprehensive plan from pre-school to vocational integration by all those involved).

2. Bases for integration

(i) Integration or separation measures depend on the specific situation of individual handicapped children or young persons; it is not possible to lay down a general rule;

(ii) integration measures should take into account the education tradition in the individual Member State of the Community and the status quo;

(iii) the cooperation of schools and the non-academic world should be ensured in order to guarantee the continuity of the measures in question;

(iv) decisions must be taken by various authorities including parents;

(v) care should be taken to provide continuous counselling for the teachers who deal with handicapped children.

3. Early recognition of handicaps and early provision of aid by the family as a prerequisite for integration;

(i) early and more dynamic diagnoses are regarded as necessary for educational integration;

(ii) the cooperation of various scientific disciplines is necessary;

(iii) parents should be trained to help so that their children can be treated within the family;

(iv) development in early recognition and early assistance is necessary in all Member States of the Community;

(v) endeavours should be made to combine aid measures with facilities in the sphere of elementary education.

4. Educational integration must take place on a continuous basis until the persons in question are integrated into the working world.

(i) At the end of compulsory schooling special integration measures should be undertaken and guaranteed by law. They may not be restricted to or reserved for one sector of the economy;

(ii) all handicapped persons are entitled to vocational training;

(iii) institutional prerequisites should be created for vocational training and integration.

5. General requirements

(i) Joint research projects in connection with the integration of handicapped persons should be carried out in the Member States of the Community;

(ii) Documentation on matters concerning the provision of assistance for handicapped persons should be established within the Community.

REPORT FROM GROUP II - FRENCH-SPEAKING-LEADER, Prof. LABREGERE

Introductory comment

Three Community countries, the Netherlands, Ireland and Denmark were not represented.

The work of the group does not, therefore, reflect the opinion of the entire Community.

1. Everyone agreed a priori regarding the entitlement of handicapped children to education and the principal of integration.

2. After those present had described the situation of each of the six countries, it became apparent that there were variations in attitude which could be expressed in terms of two concepts:

2.1. The doctrine of total integration (for all handicapped persons, whatever the nature and degree of the handicap in question) in the normal school situated closest to the child's home.

This doctrine was fully supported by the Italian delegates; supported, but with certain modifications, by the French delegates; and supported with certain modifications and reservations by the British delegate.

The Italian delegates insisted on the right of all children, including handicapped children, to attend ordinary school in order to obtain the education necessary for all citizens.

The delegates in favour of the greatest possible integration stated that:

2.1.1. If ordinary schools were provided with the necessary staff and equipment, the number of children capable of integration would be increased;

2.1.2. Socialization headed the list of needs of handicapped persons;

2.1.3. Although total integration was not feasible in the context of traditional schools whose main objective was to provide knowledge, it became a more realistic proposal in a school system which had redefined its objectives (acquisition of basic skills and ability to integrate with others) and its organizational methods (groups of a non-homogeneous level);

2.1.4. There were positive repercussions for children from ordinary schools in which handicapped children were integrated.

2.2. The doctrine of individual (total or partial) integration accompanied by a certain caution or even reservations:

2.2.1. Not all handicapped persons can be integrated.

2.2.2. Account must be taken of the needs of handicapped children and the needs of normal children;

2.2.3. The needs of handicapped children should, therefore, be defined and assessed in terms of whether they are better met in ordinary schools or in special schools (these needs are manifold: socialization, independence, acquisition of knowledge, etc.);

2.2.4. Integration should only be reserved for handicapped persons whose intellectual capabilities would be sufficient to prevent them from lowering the average educational standard.

3. To sum up, the group agreed on the following points:

3.1. Ordinary schools must be adapted to integrate handicapped persons to a greater extent and should attempt to:

(i) train and inform teachers;

(ii) develop a receptive attitude towards handicapped persons;

(iii) organize pedagogical, psychological, paramedical and medical support structures inside or outside the school;

(iv) adapt premises;

(v) obtain adequate equipment.

3.2. There should be a ceiling on the number of handicapped children integrated into an ordinary class, and children with too widely differing handicaps should not be mixed in the same class.

3.3. The family should take an active part in the educational activities of the school.

3.4. If there are still special classes, schools and teaching establishments, the placing of handicapped children should not be regarded as conclusive, but should be re-examined regularly and systematically.

3.5. Importance of early detection of handicaps.

3.6. Need to make use of the support of scientific research.

REPORT FROM GROUP 3 - (ENGLISH SPEAKING GROUP) - LEADER - PROF. J. R. FISH

1. The group considered the nine trends identified by Skov Jørgensen and broadly endorsed them with some amendments and additions. The group did not have the opportunity to read and discuss the report as a whole.

2. Discussion centered on three topics: pre-compulsory school education; the compulsory school period; and the period after compulsory schooling.

3. The fourth of Skov Jørgensen's points was accepted with one amendment and one qualification. The suggested amendment was that the term 'nursery school' should be replaced by 'pre-compulsory school education'. The reservations concerned the interpretation of responsibility for education during this period. Many other workers had educative functions and other services had responsibilities for children with disabilities. Education authorities should have responsibility for: special instruction, working closely with other services to develop multi-professional teams at local level.

4. The importance of early discovery, assessment and special pedagogical assistance was agreed. However, giving priority to provision only for children with disabilities and those living in adverse social situations might result in segregated arrangements.

5. The debate on integration should not result in a polarization of attitudes. The group strongly affirmed the concept of integrating as a process as described by Skov Jørgensen. The particular need of individual children should be considered. A range of provision was needed and steps towards integration required careful preparation. Legislation could be helpful to confirm and promote good practice. Special education, wherever it takes place, should be part of the ordinary education system, and there should be the greatest possible opportunity for the movement of staff and children between different kinds of provision. It was recognized that ordinary schools varied in their sensitivity to children's special needs and that considerable attention needed to be given to changing attitudes and values to meet the varying needs of all children.

6. Teacher training was recognized as an essential pre-requisite to greater integration. The group suggested that all teachers needed an awareness of and

sensitivity to special needs. In-service training was important in changing attitudes and practices in ordinary schools to help children with learning and behaviour difficulties. In-service training was also necessary for the other professionals who worked with teachers in schools.

7. There was general agreement that parents should be given as much information as possible about their children's special needs and the provision available to meet them. Parents should be involved as far as possible in their child's assessment and special education.

8. Access to higher and further education as well as to vocational preparation was discussed as an important sequel to the compulsory school period. Young people with disabilities should have better opportunities to develop skills and acquire qualifications. Imagination as well as realism was needed in the assessment and planning of their programmes after school.

9. One addition to the nine trends identified by Skov Jørgensen was suggested. This was that the exchange of information about special education between countries should be increased. Good practice and research should be disseminated through existing international organizations.

DISCUSSION GROUP IV - LEADER PROF. ALBERTO GIORDANO

Prevention and early childhood

The Group, in discussing the main connotations and implications of the concept of prevention, agreed that the term 'prevention' should be taken to mean not the prevention of sickness but the provision of health care at all levels: education, training and social policy programming.

This definition therefore correctly covers primary and secondary 'prevention', understood as the prevention of isolation and the acculturation of citizens of all ages to give them a feeling of playing an active part in managing their own lives in common with others.

With this in view, reintegration and rehabilitation are not regarded as remedies for isolation and sickness, but as genuinely educational operations by all those in contact with the handicapped: parents, teachers and specialists.

The Group regards the present as a transitional phase, moving from a medical approach to the problem to a solution to be developed by taking into account all the factors affecting an individual at a given moment, and recognises that the evolving cultural climate has given an impetus to change. The new cultural climate is marked by the recognition that interhuman relations are on an equal footing and that social and vocational bodies have various roles to play in the programming, execution and reflection stages.

This approach will avoid the risks inherent in technocracy and the delegation of responsibility.

Accordingly, the specific operations required to meet the needs will be handled with the support and combined efforts of all individuals and bodies concerned, and by calling on those with the will to meet the need, those who give it thought, and those who act.

Integration will become a reality when all concerned become alive to the problem, which in the Group's view is an essential step towards effectively broadening understanding and the assumption of responsibilities by everyone.

The Group believes that the formulation of these principles is an essential prerequisite to the correct execution of any preventive measures and educational action on behalf of young children.

DISCUSSION GROUP V - LEADER PROF. ALDO ZELIOLI

The handicapped and compulsory education

Group V could not compare experiences at international level since it was exclusively composed of Italians.

The participants, however, did their best throughout the work to refer to information of a comparative nature drawn from the basic documentation for the Conference, in particular the Jørgensen report.

The discussions related directly to the trends described in the summary of the Jørgensen report, in particular paragraphs 1 to 6 which were of the most immediate relevance to the problems of handicapped children in the compulsory education system.

While the Group realized that there were many problems in common it concentrated on certain questions which, although of particular relevance to schools in Italy, would be worth communicating to colleagues in other countries to expand their knowlege of the situation in Italy and the prospects for medium and long-term solutions.

The general policy followed in Italy with respect to handicapped children of school age, which is embodied in recent legislation on the matter, is to promote their integration as far as possible into the normal structures of compulsory education.

This policy is supported by a broad cultural tendency and by current public opinion, and coincides with a radical educational reform in Italy aimed at decentralizing school administration, which is being transferred from the central authorities to local democratic administration through the basic collective bodies whose institution and operation is described in the Italian document distributed to all delegates.

The simultaneous introduction of the general administrative reform of education and the emergence of new trends in the integration of handicapped pupils has led to various problems which the Group believes should be mentioned here.

Firstly, it should be stressed that the process of integrating handicapped children into the school system is not aimed solely at solving the problem of isolation, but is linked with the broader problem of the renovation of the entire compulsory education system with a view to developing a single comprehensive educational channel for all children of school age without distinction. In other words, in Italy special education is not conceived of as a separate sector solely concerned with handicapped children, but is founded on the principle of individualized education for all pupils who need it.

This principle also raises the problem of redefining the concept of 'handicapped' to reflect the new approach to compulsory schooling in Italy. Following the same line of thought, supporting activities must become part of an overall educational programme in which an appropriate place must be found for spezialized courses.

This programming aims are now being put into practice in Italian schools, although the movement towards change began some years ago and has only recently been embodied in law, it has already taken root in a good many schools and is gradually spreading.

A report by the Ispettorato Tecnico to the Minister of Education last year asserted that the integration of handicapped pupils into the ordinary school structure had provided teaching staff with a stimulus to innovation and modernization and had been far more effective than any other measures introduced for this purpose.

The fact that educational administration and expenditure fall within the purview of the central Government, while basic socio-psychological and health services are provided by local bodies (regional, provincial, communal) creates serious difficulties in relations and coordination and puts a brake on innovation in the structures of ordinary schools where integration is being introduced.

Another, as yet unresolved, problem, particularly at the level of compulsory secondary schooling, is how to establish a just proportion between socialization and tuition. This question raises serious resistance on the part of teachers who fear that the general standards of the school will be lowered.

Much is expected from the participation, in programming and assessment, of democratic school bodies on which teachers, parents and local bodies and associations are represented. The assessment of goals and programmes is vital to the progress of innovative action.

Frankly, a fair balance has not yet been achieved between political, technical and educational requirements, partly because they depend on different agencies which have not established effective cooperation within their respective spheres of competence.

The lack of harmonization between actions by the various agencies training - and refresher-training - teachers and other educators constitute the most serious problems in the present phase of transition in Italian schools towards the integration of handicapped pupils into the ordinary school system, which is the goal established by recent legislation.

DISCUSSION GROUP VI - LEADER: PROFESSOR UMBERTO DELL'ACQUA

Secondary education and integration into working life for the handicapped

Introduction

On reaching adolescence, the handicapped child becomes aware of his value as a human being and then the need for continuous education arises as a means of developing his individuality and improving the quality of life.

In this way, young handicapped people will realize their own potential and learn to relate to society while developing their personality as a whole.

At present, the trend is towards full integration to further the individual's overall development; it should, if possible, take place in his home district. In each area, a committee should be set up composed of experts and representatives of the social bodies concerned and public services in the cultural, health, social, employment and recreational fields. The committee will work out a strategy for the integration of handicapped persons in these areas. All forms of democratic participation should be encouraged as a means of overcoming traditional barriers between public and private operations.

Guidance

Since guidance is a gradual and ongoing process, it should be possible to identify the handicapped person's real needs and satisfy them through individual projects to promote socialization, rehabilitation, acquisition of skills and integration into the working world.

Post-compulsory secondary school

In the secondary school context, stress should be laid on the importance of designing curricula adapted to the needs and requirements of each pupil, whether handicapped or not, so that each can achieve the aims appropriate to his individual human and cultural capacities, thus ensuring access to education for all.

To establish a broader field for the integration of handicapped persons into social and working life, the regional, provincial and district centres devoted to promoting and improving education (regional institutes for research, experiment and modernization in education, working groups) should be mobilized, to frame practical proposals to facilitate integration and take the necessary steps with the appropriate local and central authorities.

Teacher Training

During their years of training, teachers should be instructed in the education of handicapped persons, and those already in employment should have the right - the obligation - to take refresher courses in this field.

Employment

The compulsory placement system should be reformed and the breakdown into categories eliminated to facilitate access to employment for the seriously handicapped. Provision should also be made for the fiscalization of social contributions for firms which have met their obligations, or are not subject to the compulsory placement system but are willing to recruit selected handicapped persons with an invalidity rate of two-thirds or more. This should facilitate the recruitment of handicapped persons in craft and family undertakings and the constitution of cooperatives in which both the handicapped and the able-bodied have a share. Further, these integrated cooperatives will receive special commissions for work from the Government and local bodies.

Vocational training courses should be flexible, enabling their adaptation to the requirements of the handicapped. They should provide introductory on-the-job training periods - diversified for guidance purposes - and should be organized on sandwich-course lines.

Technical facilities and structural barriers

To make sure that handicapped persons can fully participate in social life, technological solutions must be worked out to compensate for specific defects, and the environment modified to facilitate human relations. To this end, information about thoroughly tested solutions should be widely disseminated. There is a need for centres to collect information and make it available to everyone.

Action with respect to the family

Families should be given psychological, cultural, social and economic support to enable them to fulfil, to the best of their ability, their own training function to avoid having to fall back on the solution of placing persons in institutions. Advisers will be needed to instruct families in all the problems concerning the handicapped condition. Support should be given to all forms of self-help, such as family groups, temporary stays to take part in social experiments, holiday travel, etc.

Free time

The entire country should be provided with a wide range of facilities so that the individual can make the best use of his leisure time.

6. SYNTHESIS REPORT PREPARED BY THE GENERAL RAPPORTEUR, PROFESSOR ADRIANO MILANI COMPARETTI

I have been assigned the difficult task of presenting, at this plenary session, a summary of the findings of the discussion groups which met yesterday.

If, as was indicated by the title of the conference, its aim was to highlight the trends and prospects concerning education and the handicapped in a Community context, we have not the slightest hesitation in stating that the participants have fulfilled all expectations.

After going from one group to another yesterday, and reading the group reports presented yesterday evening, it became abundantly clear that there were two distinct and apparently irreconcilable standpoints; the delegates from all Community countries were unanimous in their approach with the exception of Italy, which was the sole dissenter.

Although this divergence of views makes it impossible to establish a standard Community policy for the education of the handicapped, comparison of the two approaches has produced positive results and should be pursued while countries continue to exercise full freedom of choice in their differing historical, political and social situations.

The two main points at issue yesterday were expounded with characteristic clarity by the French-speaking group in its report.

The first approach defined in the report implies full integration based on the affirmation of the handicapped child's right not to be segregated; this thesis is not derived from abstract or ideological principles but from broad experience indicating that socialization is the best instrument for bringing about integration - indeed, that one cannot exist without the other.

The second approach does not deny the right to integration, which is unanimously regarded as an attainable goal, but is based on the assumption that one of the conditions needed to attain that goal - and here it differs from the first approach - is that the handicapped must first be given all possible technical assistance to enable them to compete at the highest level consistent with their capacities.

In practical terms, as regards the specific subject of schooling, which was the theme of the Conference, one side favours the same school for everyone, and the other, special schools for the handicapped.

Perhaps a compromise between these two extremes could be reached since there is a degree of ambiguity surrounding the definition of 'special education'.

This idea, put forward in Professor Jørgensen's summary, is taken up - with some differences - in the English-speaking group's report which suggests, although it does not specify, that special education is a concealed form of temporary segregation even when it is purported to further the integration of the handicapped.

The mixed group has also proposed the same compromise, and coined the expression 'Maximum possible integration - mininum necessary segregation'. It also gives details regarding the conditions in which integration becomes possible.

From the reports by the three Italian groups, three different subjects, it is clear that there is an underlying consensus to the effect that integration is the primary task.

The same is true of the group which discussed 'Prevention and early childhood'. Stress was placed on the prevention of segregation as an alternative to late integration in school and the need to educate citizens in the new philosophy. I consider this report of considerable interest to the Conference as it discusses the ideological principle underlying the concept of immediate integration.

The group dealing with 'The handicapped and compulsory education' also took integration of the handicapped for granted and, in respect of our country, emphasized the widespread cultural movement, recent legal provisions and the structural reform of education. In his summary, Professor Jørgensen makes the point that special education should not be regarded as a separate sector dealing only with the handicapped, but rather as an attempt to implement the principle of individualized education adapted to each pupil's needs.

Lastly, the group which discussed secondary education and integration into working life also affirmed that full integration was the primary task, while pointing out the need for individualized curricula, qualified instructors, technical assistance and the elimination of architectural obstacles, the importance of democratic participation at local level was also stressed.

In conclusion, let me say again how extremely positive this exchange of views at Community level has been.

I cannot resist the opportunity of adding my personal views for your consideration at the close of the Conference.

Being alone in asserting the principle of immediate integration amid a chorus of reservations or hedged affirmations of principle, the Italian position may appear quixotic.

But, I believe this may be due to the fact that the concept of integration is a new one and a departure from traditional ideas based on decades of experience.

If a Swedish delegation were present we would have heard a report from a country which is the pioneer on the road to integration, along which Italy is bravely struggling.

There is no intention of making value judgements on legitimate national choices and it would certainly be unacceptable to build an artificial consensus which would undoubtedly be an obstacle to the free development of programmes consistent with the political and historical situations of different societies and school systems.

Let me, however, invite the delegates from the other Community countries to applaud the enthusiasm with which Italy is approaching the task of integration. Witness to this enthusiasm is the unanimity of the Italian delegates and the visit by which the President of the Republic has honoured the Conference.

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(7)	Dott. Valeria Bernardini	Centro Ispettivo Attività Integrative Scuola dell'obbligo Via Monte Argentario, 7 00141 Roma
(8)	Prof. Alberto Giordano	Direttore del Centro di Igiene Mentale della Provincia di Roma (Esperto OCSE, Docente di Neuropsichiatria Infantile presso l'Università di Roma).
(9)	Prof. Umberto Dell'Acqua	Incaricato di Pedagogia Speciale presso l'Università Cattolica di Milano

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(3)	H. Professor Dr. Jakob Muth	Eichenweg 3 5628 Heiligenhaus
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(5)	Oberschulrat Richter	Beim Senator für Schulwesen Bredtschneiderstr. 5-8 1000 Berlin 19
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(8)	Ltd. Regierungs-Schuldirektor Moglich	Kultusministerium Hessen Luisenplatz 16 6200 Wiesbaden

In addition, the Italian Minister invited from Italy:

- Ministerial experts;
- Officials representing special education at local and regional levels;
- Directors of Special Schools;
- Academics specializing in this field;
- Associations concerned with handicapped;
- Representatives of Trade Unions.

studies

published so far in the Education Series [1]

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Academic recognition of diplomas in the European Community: present state and prospects
1979, 75 pp. (DA, DE, EN, FR, IT, NL). UKL 2.05; USD 4.25; BFR 130

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[1] The abbreviations after each title indicate the languages in which the documents have been published: DA – Danish, DE – German, EN – English, FR – French, IT – Italian, NL – Dutch.

European Communities – Commission

Special education in the European Community

Luxembourg: Office for Official Publications of the European Communities

1980 – 164 pp., 6 ill. – 17.6 x 25.0 cm

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This publication is composed of two closely related parts. The first consists of the survey report on 'Special Education in the European Community' prepared for the Commission in 1978 by the Danish expert Mr Skov Jørgensen. As well as descriptions of the developments and trends in the different Member States the report contains an important comparative analysis organized according to themes, together with a section devoted to general discussion and proposals.

The second part consists of a selection of the principal papers of a Conference on Special Education organized by the Commission in cooperation with the Italian Ministry of Education in Rome in December 1978. These comprise papers submitted by the Netherlands and United Kingdom Ministries; a working paper prepared by Mr Jørgensen; speeches made at the Inaugural Session by Commissioner Brunner and the Italian Minister of Education; the reports of the six discussion groups and the synthesis prepared by the rapporteur-général Professor Comparetti.

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